Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 1 of 62

1/17/20 5:34PM

| Fill in this information to identify your case: |                               |                                      |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                      |
| WESTERN DISTRICT OF VIRGINIA                    |                               |                                      |
| Case number (if known)                          | Chapter you are filing under: |                                      |
|   | ■ Chapter 7                   |                                      |
|   | ☐ Chapter 11                  |                                      |
|   | ☐ Chapter 12                  |                                      |
|   | ☐ Chapter 13                  | ☐ Check if this is an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | t 1: Identify Yourself  |   |   |  |  |
|----|---|---|---|--|--|
|    |   | About Debtor 1:                                     | About Debtor 2 (Spouse Only in a Joint Case): |  |  |
| 1. | Your full name  |   |   |  |  |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Example Latoya First name  R Middle name            | First name  Middle name                       |  |  |
|    | Bring your picture identification to your meeting with the trustee.   | Washington Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |  |  |
| 2. | All other names you have used in the last 8 years   | ,   |   |  |  |
|    | Include your married or maiden names.   |   |   |  |  |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)         | xxx-xx-1875   |   |  |  |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Page 2 of 62

Document

1/17/20 5:34PM Debtor 1 Latoya R Washington Case number (if known)

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |  |
|--|---|---|---|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.  |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)  |  |  |  |
|  |   | EINs  | EINs  |  |  |  |
| 5.   | Where you live                                  |   | If Debtor 2 lives at a different address:   |  |  |  |
|  |   | 2208 N Berkshire Rd<br>Apt A<br>Charlottesville, VA 22901   |   |  |  |  |
|  |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |  |
|  |   | Charlottesville Ci County   | County  |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:  |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                    |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  |  |  |  |
|  |   |   |   |  |  |  |

Case 20-60093 Doc 1 Filed 01/17/20

Entered 01/17/20 17:35:11 Page 3 of 62 Document 1/17/20 5:34PM

| Deb  | otor 1 Latoya R Washing  | iton            |  |  | Case number (if known)   |  |  |  |
|--|--|-----------------|--|--|--|--|--|--|
|  |  |                 |  |  |  |  |  |  |
| Par  | t 2: Tell the Court About  | Your Bankruptcy | Case   |  |  |  |  |  |
| 7.   | The chapter of the Bankruptcy Code you are   |                 |  | each, see <i>Notice Required by</i> ge 1 and check the appropriate     | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy box.  |  |  |  |
|  | choosing to file under   | Chapter 7       |  |  |  |  |  |  |
|  |  | ☐ Chapter 11    |  |  |  |  |  |  |
|  |  | ☐ Chapter 12    | ☐ Chapter 12                                     |  |  |  |  |  |
|  |  | ☐ Chapter 13    |  |  |  |  |  |  |
|  |  |                 |  |  |  |  |  |  |
| 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office i about how you may pay. Typically, if you are paying the fee yourself, you may pay with order. If your attorney is submitting your payment on your behalf, your attorney may pay a pre-printed address. |  |                 |  |  | urself, you may pay with cash, cashier's check, or money   |  |  |  |
|  |  |                 | pay the fee in install<br>Fee in Installments (C |  | n, sign and attach the Application for Individuals to Pay  |  |  |  |
|  |  | I request       | that my fee be waive<br>required to, waive you   | <b>d</b> (You may request this option r fee, and may do so only if you | only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that |  |  |  |
|  |  |                 |  |  | installments). If you choose this option, you must fill out all Form 103B) and file it with your petition.               |  |  |  |
| 9.   | Have you filed for   | ■ No.           |  |  |  |  |  |  |
|  | bankruptcy within the last 8 years?  | ■ No.           |  |  |  |  |  |  |
|  | iasi o years:  | Distri          | ict  | When   | Case number  |  |  |  |
|  |  | Distri          |  | When   | Case number  |  |  |  |
|  |  | Distri          |  | When   | Case number  |  |  |  |
| 10.  | Are any bankruptcy   | ■ No            |  |  |  |  |  |  |
|  | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes.            |  |  |  |  |  |  |
|  |  | Debte           | or   |  | Relationship to you  |  |  |  |
|  |  | Distri          | ict  | When   | Case number, if known  |  |  |  |
|  |  | Debte           | or   |  | Relationship to you  |  |  |  |
|  |  | Distri          | ict  | When   | Case number, if known  |  |  |  |
| 11.  | Do you rent your   | □ No. Go        | to line 12.                                      |  |  |  |  |  |
|  | residence?   |                 | your landlord obtaine                            | d an eviction judgment against   | you?   |  |  |  |
|  |  | <b>—</b> 163.   | No. Go to line 12.                               |  |  |  |  |  |
|  |  | _               | Yes. Fill out <i>Initial</i> bankruptcy petitio  |  | ludgment Against You (Form 101A) and file it with this   |  |  |  |
|  |  |                 |  |  |  |  |  |  |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 4 of 62 1/17/20 5:34PM Debtor 1 Case number (if known) Latoya R Washington Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor Go to Part 4. of any full- or part-time No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ■ No. U.S.C. § 101(51D). ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to

public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 5 of 62

1/17/20 5:34PM Debtor 1 Latoya R Washington

Explain Your Efforts to Receive a Briefing About Credit Counseling

Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. 

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main

Document Page 6 of 62

Debtor 1 Case number (if known) Latoya R Washington Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts 16c. 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Latoya R Washington Signature of Debtor 2 Latoya R Washington Signature of Debtor 1 Executed on January 17, 2020 Executed on MM / DD / YYYY MM / DD / YYYY

1/17/20 5:34PM

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Page 7 of 62 Document 1/17/20 5:34PM Debtor 1 Latoya R Washington Case number (if known) For your attorney, if you are I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed represented by one under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the If you are not represented by an attorney, you do not need schedules filed with the petition is incorrect. to file this page. Date January 17, 2020 /s/ Richard C. Devor, Jr. MM / DD / YYYY Signature of Attorney for Debtor Richard C. Devor, Jr. 74824 Printed name Central Virginia Legal Aid Society, Inc. Firm name 101 West Broad Street, Suite 101 P.O. Box 12206 Richmond, VA 23241 Number, Street, City, State & ZIP Code

richard@cvlas.org

Email address

Contact phone **8042006042** 

74824 VA Bar number & State Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 8 of 62

|        |  |                           |  |                     | 1/17/20 5:34PM     |
|--------|--|---------------------------|--|---------------------|--------------------|
| Fill   | in this information to identify your cas   | se:                       |  |                     |                    |
| Deb    | tor 1 Latoya R Washingto   | on                        |  |                     |                    |
| Dah    | First Name   | Middle Name               | Last Name  |                     |                    |
|        | tor 2 use if, filing) First Name   | Middle Name               | Last Name  |                     |                    |
| Unit   | ed States Bankruptcy Court for the: V  | VESTERN DISTRICT O        | F VIRGINIA   |                     |                    |
|        |  |                           |  |                     |                    |
| (if kn | e number   |                           |  | ☐ Check             | if this is an      |
|        |  |                           |  | amend               | ded filing         |
|        |  |                           |  |                     |                    |
|        | ficial Form 106Sum   |                           |  |                     |                    |
|        | •  |                           | d Certain Statistical Information  |                     | 2/15               |
| info   |  | first; then complete the  | are filing together, both are equally responsible for<br>e information on this form. If you are filing amend<br>the box at the top of this page. |                     |                    |
| Par    | 1: Summarize Your Assets   |                           |  |                     |                    |
|        |  |                           |  | Your as             | ssets              |
|        |  |                           |  | Value o             | f what you own     |
| 1.     | Schedule A/B: Property (Official Form  |                           |  | \$                  | 0.00               |
|        |  |                           |  | · —                 |                    |
|        | 1b. Copy line 62, Total personal proper  | ty, from Schedule A/B     |  | \$                  | 16,970.00          |
|        | 1c. Copy line 63, Total of all property or                                       | n Schedule A/B            |  | \$                  | 16,970.00          |
| Par    | 2: Summarize Your Liabilities  |                           |  |                     |                    |
|        |  |                           |  | Your lia            | abilities          |
|        |  |                           |  | Amount              | you owe            |
| 2.     | Schedule D: Creditors Who Have Claim   |                           | (Official Form 106D) he bottom of the last page of Part 1 of Schedule D  | \$                  | 20,338.00          |
|        |  |                           |  |                     | .,                 |
| 3.     | Schedule E/F: Creditors Who Have Uns<br>3a. Copy the total claims from Part 1 (p |                           | Form 106E/F)<br>s) from line 6e of <i>Schedule E/F</i>   | \$                  | 0.00               |
|        | 3b. Copy the total claims from Part 2 (r   | nonpriority unsecured cla | aims) from line 6j of Schedule E/F   | \$                  | 72,488.11          |
|        |  |                           |  |                     | ·                  |
|        |  |                           | Your total liabilities   | \$                  | 92,826.11          |
|        |  |                           |  |                     | _                  |
| Par    | 3: Summarize Your Income and Ex  | rpenses                   |  |                     |                    |
| 4.     | Schedule I: Your Income (Official Form   |                           |  | _                   | 2.254.00           |
|        | Copy your combined monthly income fr   | om line 12 of Schedule    | <i>I</i>   | \$                  | 2,354.00           |
| 5.     | Schedule J: Your Expenses (Official Fo Copy your monthly expenses from line      |                           |  | \$                  | 3,677.00           |
| Par    | 4: Answer These Questions for Ad   | Iministrative and Statis  | stical Records   |                     |                    |
| 6.     | Are you filing for bankruptcy under 0  | Chapters 7, 11, or 13?    |  |                     |                    |
|        | ■ No. You have nothing to report on  | this part of the form. Ch | neck this box and submit this form to the court with yo  | ur other sch        | edules.            |
|        | Yes  |                           |  |                     |                    |
| 7.     | What kind of debt do you have?   |                           |  |                     |                    |
|        |  |                           | lebts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159.  | a personal,         | family, or         |
|        | Your debts are not primarily cor   |                           | e nothing to report on this part of the form. Check this   | s <i>box</i> and su | ubmit this form to |

Official Form 106Sum

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Page 9 of 62

Document

Debtor 1 Latoya R Washington Case number (if known)

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,041.00

1/17/20 5:34PM

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following:   | Total | claim     |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 41,301.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 41,301.00 |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 10 of 62

|  |  |   |   |                                |                                      |                | 1/17/20 5:34PN                       |
|--|--|---|---|--------------------------------|--------------------------------------|----------------|--------------------------------------|
| Fill in this info  | rmation to identify your   | case and this                                   | filing:                                       |                                |                                      |                |                                      |
|  |  |   |   |                                |                                      |                |                                      |
| Debtor 1   | Latoya R Washir  | <b>ngton</b><br>Middle Na                       | ame   | Last Name                      |                                      |                |                                      |
| Debtor 2   | . not realing  | illiadio i to                                   |   | Zaot Hamo                      |                                      |                |                                      |
| (Spouse, if filing)  | First Name   | Middle Na                                       | ime   | Last Name                      |                                      |                |                                      |
| United States  | Bankruptcy Court for the:  | WESTERN D                                       | ISTRICT OF VIE                                | CINIA                          |                                      |                |                                      |
| United States E  | sankrupicy Court for the:  | WESTERND  | ISTRICT OF VIR                                | KGINIA                         |                                      |                |                                      |
| Case number  |  |   |   |                                |                                      |                | Check if this is an                  |
|  |  |   |   |                                |                                      |                | amended filing                       |
|  |  |   |   |                                |                                      |                |                                      |
| O(() - 1 E   | 400A/D   |   |   |                                |                                      |                |                                      |
| Official F   | orm 106A/B   |   |   |                                |                                      |                |                                      |
| Schedu   | le A/B: Prop   | ertv  |   |                                |                                      |                | 12/15                                |
|  |  |   | asset only once                               | If an asset fits in more than  | one category list the a              | sset in the    | category where you                   |
| think it fits best.  | Be as complete and accura  | ate as possible.                                | If two married peo                            | pple are filing together, both | are equally responsible              | e for supply   | ing correct                          |
| information. If me<br>Answer every qu                        |  | a separate shee                                 | t to this form. On                            | the top of any additional pa   | iges, write your name a              | nd case nu     | mber (if known).                     |
|  | 000000   |   |   |                                |                                      |                |                                      |
| Part 1: Describ  | e Each Residence, Buildin  | g, Land, or Other                               | Real Estate You                               | Own or Have an Interest In     |                                      |                |                                      |
| 1 Do vou own o   | r have any legal or equitable  | le interest in anv                              | residence, buildi                             | ng, land, or similar property  | ?                                    |                |                                      |
| 20 ,00 00  | ay .ogu. o. oquu   |   |   | g, .aa, e. ea. p.epe.ty        |                                      |                |                                      |
| No. Go to P  | art 2.   |   |   |                                |                                      |                |                                      |
| ☐ Yes. Where   | e is the property?   |   |   |                                |                                      |                |                                      |
|  |  |   |   |                                |                                      |                |                                      |
|  |  |   |   |                                |                                      |                |                                      |
| Part 2: Describ  | e Your Vehicles  |   |   |                                |                                      |                |                                      |
| 3. Cars, vans,  □ No ■ Yes                                   | trucks, tractors, sport u  | tility vehicles,                                | motorcycles                                   |                                |                                      |                |                                      |
| _ 103  |  |   |   |                                |                                      |                |                                      |
| 3.1 Make:  | VW   | Who   | hae an interest ir                            | the property? Check one        | Do not deduct sec                    | cured claims   | or exemptions. Put                   |
|  | Passat   |   |   | Tille property: Check one      | •                                    |                | aims on Schedule D:                  |
| Model:<br>Year:  | 2015   |   | ebtor 1 only                                  |                                | Creditors Willo Ha                   | ive Claiiiis S | Secured by Property.                 |
|  |  | 2000  | ebtor 2 only                                  | 2 anh                          | Current value of<br>entire property? |                | urrent value of the ortion you own?  |
| Other info   |  | = -   | ebtor 1 and Debtor                            | ebtors and another             | chare property.                      | P.             | ortion you own.                      |
|  | on: 2208 N Berkshire   |   | least one of the di                           | ebiois and another             |                                      |                |                                      |
|  | Charlottesville VA 22  |   | heck if this is con                           | nmunity property               | \$5,000                              | 0.00           | \$5,000.00                           |
| • ,  |  |   | ee instructions)                              |                                |                                      |                |                                      |
| Examples: Bo  No  Yes  Add the do pages you  Part 3: Describ | pats, trailers, motors, personals, trailers, motors, personals, trailers, motors, personals, person | onal watercraft, you own for al . Write that nu | fishing vessels,  I of your entries mber here | s from Part 2, including a     | accessories ny entries for           |                | \$5,000.00                           |
| Do you own o   | r have any legal or equi   | table interest in                               | n any of the foll                             | owing items?                   |                                      |                | rent value of the                    |
|  |  |   |   |                                |                                      |                | ion you own?                         |
|  |  |   |   |                                |                                      |                | not deduct secured ns or exemptions. |

Official Form 106A/B Schedule A/B: Property page 1

|                          | Case 20-60093 D  | oc 1 Filed 01/1<br>Docume  |               | Entered 01/17/20 17:3<br>age 11 of 62        | 35:11       | Desc Main                      |
|--------------------------|--|--|---------------|--|-------------|--------------------------------|
| Debtor 1                 | Latoya R Washington  |  |               | Case number                                  | (if known)  | 1/17/20 5:34PN                 |
| <i>Exam</i> µ<br>□ No    | chold goods and furnishings<br>ples: Major appliances, furniture, l                              | linens, china, kitchenware   | 9             |  |             |                                |
|                          | Ordinary h   | 2208 N Berkshire Rd a<br>ousehold goods suff<br>for debtor and 2 dep | icient to fu  | rlottesville VA 22901<br>Irnish 3-bedroom    |             | \$3,500.00                     |
| □ No                     | ples: Televisions and radios; audi- including cell phones, came s. Describe                      | ras, media players, game   | es            |  | s; music co | ollections; electronic devices |
|                          |  | 2208 N Berkshire Rd annual Reputer, 2 televisions,                   |               | rlottesville VA 22901<br>nsole, 3 telephones |             | \$750.00                       |
| Exam <sub>l</sub> ■ No   | tibles of value ples: Antiques and figurines; paint other collections, memorabil s. Describe     |  | ork; books,   | pictures, or other art objects; st           | amp, coin,  | or baseball card collections;  |
| Examp<br>■ No            | ment for sports and hobbies  ples: Sports, photographic, exerci musical instruments  s. Describe | se, and other hobby equi   | pment; bicyd  | cles, pool tables, golf clubs, ski           | s; canoes a | and kayaks; carpentry tools;   |
| 10. <b>Firea</b><br>Exan |  | nmunition, and related eq  | uipment       |  |             |                                |
| □ No                     | nes nples: Everyday clothes, furs, leat  | ther coats, designer wear  | , shoes, acc  | essories                                     |             |                                |
|                          | Location: 2  | 2208 N Berkshire Rd a<br>clothing for debtor an                      |               | arlottesville VA 22901<br>dents              |             | \$500.00                       |
| ■ No                     | Iry nples: Everyday jewelry, costume s. Describe   | jewelry, engagement ring   | gs, wedding   | rings, heirloom jewelry, watche              | s, gems, g  | old, silver                    |
| Exan<br>■ No             | farm animals<br>mples: Dogs, cats, birds, horses   |  |               |  |             |                                |
|                          | s. Describe other personal and household in  | tems you did not alread  | y list, inclu | ding any health aids you did                 | not list    |                                |
|                          | s. Give specific information   |  |               |  |             |                                |
|                          | I the dollar value of all of your e<br>Part 3. Write that number here .                          |  |               |  | ached       | \$4,750.00                     |
|                          |  |  |               |  | L           |                                |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 12 of 62

| 4/47/00 |        |
|---------|--------|
| 1/17/20 | 5:34PN |

| Debt          | or 1                         | Latoya R Wa                             | shingt    | on  |  | Case number (if known)                       |   |
|---------------|------------------------------|---|-----------|---|--|--|---|
| Part 4        | l: De                        | escribe Your Finan                      | cial Asso | ts  |  | _  |   |
|               |                              |   |           | equitable interest in a                   | ny of the following?   |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|               | E <i>xam</i><br>No           | ,                                       | •         | our wallet, in your hom                   | •  | d on hand when you file your petition        |   |
|               |                              |   |           |   |  | Cash   | \$20.00   |
|               |                              |   |           |   | nts; certificates of deposit; s<br>vith the same institution, list                           | shares in credit unions, brokerage hou each. | ses, and other similar  |
| _             |                              |   |           |   | Institution name:  |  |   |
|               |                              |   | 17.1.     | Checking                                  | Bank of America  |  | \$0.00  |
|               | E <i>xam</i><br>No           |   |           | cly traded stocks ent accounts with broke | erage firms, money market a  | accounts                                     |   |
| 19. <b>N</b>  | on-p                         | ublicly traded st                       | ock and   |   |  | businesses, including an interest ir         | an LLC, partnership, and  |
|               | No                           | venture                                 |           |   |  |  |   |
|               | Yes.                         | Give specific info                      |           | about them<br>me of entity:               |  | % of ownership:                              |   |
|               | Vegot                        | tiable instruments                      | include   | personal checks, cashi                    | able and non-negotiable in<br>lers' checks, promissory not<br>sfer to someone by signing of  | tes, and money orders.                       |   |
|               | Yes.                         | Give specific info                      |           | about them<br>uer name:                   |  |  |   |
|               |                              | ment or pension<br>ples: Interests in I |           |   | 3(b), thrift savings accounts,   | , or other pension or profit-sharing pla     | ns  |
|               | Yes.                         | List each accoun                        |           | tely. of account:                         | Institution name:  |  |   |
|               |                              |   |           |   | VRS  |  | \$1,200.00  |
|               | ∕our s<br>E <i>xam</i><br>No | ples: Agreements                        | d depos   | its you have made so th                   | hat you may continue servic<br>ublic utilities (electric, gas, w<br>Institution name or indi | vater), telecommunications companies         | , or others   |
|               |                              | ties (A contract fo                     | r a perio | odic payment of money                     | to you, either for life or for a   |  |   |
|               | No                           | •                                       | ·         | ne and description.                       | you, states for the or for to  |  |   |
| 24. <b>In</b> | teres                        | ts in an education                      | on IRA, i | n an account in a qua                     | alified ABLE program, or u   | under a qualified state tuition progra       | am.   |
|               | No                           | .C. §§ 530(b)(1), §                     |           |   |  |  |   |
|               | Yes.                         | In:                                     | stitution | name and description.                     | Separately file the records of   | of any interests.11 U.S.C. § 521(c):         |   |

|     |                | Case 20-60093   | Doc 1                        | Filed 01/17/20<br>Document   | Entered 01/11<br>Page 13 of 62 | 7/20 17:35:11                               | Desc Main   |
|-----|----------------|---|------------------------------|--|--------------------------------|---|---|
| D   | ebtor 1        | Latoya R Washingto  | n                            |  | C                              | case number (if known)                      | 1/17/20 5:34P   |
| 25. | ■ No           | equitable or future interesting.  |                              | rty (other than anythin  | g listed in line 1), and       | rights or powers exerc                      | sisable for your benefit  |
| 26. | Examp<br>■ No  | s, copyrights, trademarks<br>bles: Internet domain name<br>Give specific information a            | s, websites, p               |  |                                | ts  |   |
| 27. | Examp ■ No     | es, franchises, and other ples: Building permits, excluding specific information a                | usive licenses,              |  | n holdings, liquor licens      | es, professional licenses                   |   |
| M   |                | property owed to you?   |                              |  |                                |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref ☐ No   | unds owed to you  |                              |  |                                |   |   |
|     | Yes.           | Give specific information a   | bout them, inc               | cluding whether you alre   | ady filed the returns an       | d the tax years                             |   |
|     |                |   |                              | ected Fed and VA ta<br>additional child tax<br>income tax credits. |                                | Federal and<br>Virginia state<br>income tax | \$6,000.00  |
| 29. | Examp          | support  oles: Past due or lump sum  Give specific information                                    |                              | usal support, child suppo  | ort, maintenance, divord       | ce settlement, property so                  | ettlement   |
| 30. | Examp  ■ No    | amounts someone owes<br>bles: Unpaid wages, disabil<br>benefits; unpaid loans                     | ity insurance p              |  | efits, sick pay, vacation      | pay, workers' compens                       | ation, Social Security  |
| 24  |                | Give specific information  ts in insurance policies   |                              |  |                                |   |   |
| 31. |                | oles: Health, disability, or lif  | e insurance; h               | nealth savings account (   | HSA); credit, homeown          | er's, or renter's insurance                 | е   |
|     | ☐ Yes.         | Name the insurance comp<br>Com  | any of each po<br>pany name: | olicy and list its value.  | Beneficiar                     | y:  | Surrender or refund value:  |
| 32. | If you a someo | erest in property that is care the beneficiary of a livir ne has died.  Give specific information | ig trust, expec              |  |                                | currently entitled to receiv                | ve property because   |
| 33. |                | against third parties, wholes: Accidents, employmen   |                              |  |                                | or payment                                  |   |
|     | ☐ Yes.         | Describe each claim   |                              |  |                                |   |   |
| 34. | ■ No           | contingent and unliquidate  |                              | every nature, including  | g counterclaims of the         | e debtor and rights to s                    | et off claims   |
|     | ⊔ Yes.         | Describe each claim   |                              |  |                                |   |   |

| Documen  |                              |                              | 23C Mail I     |
|--|------------------------------|------------------------------|----------------|
| Debtor 1 Latoya R Washington   |                              | Case number (if known)       | 1/17/20 5:34PM |
| 35. Any financial assets you did not already list  |                              |                              |                |
| ■ No   |                              |                              |                |
| ☐ Yes. Give specific information   |                              |                              |                |
| 36. Add the dollar value of all of your entries from Part 4, includ for Part 4. Write that number here                                 |                              |                              | \$7,220.00     |
| Part 5: Describe Any Business-Related Property You Own or Have an Int  | erest In. List any real esta | ate in Part 1.               |                |
| 37. Do you own or have any legal or equitable interest in any business-rela  | ated property?               |                              |                |
| No. Go to Part 6.  |                              |                              |                |
| ☐ Yes. Go to line 38.  |                              |                              |                |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You lif you own or have an interest in farmland, list it in Part 1. | ou Own or Have an Interes    | st In.                       |                |
| 46. Do you own or have any legal or equitable interest in any farn   | n- or commercial fishir      | ng-related property?         |                |
| No. Go to Part 7.  |                              |                              |                |
| ☐ Yes. Go to line 47.  |                              |                              |                |
| Part 7: Describe All Property You Own or Have an Interest in That Y  | ou Did Not List Above        |                              |                |
| 53. Do you have other property of any kind you did not already lis<br>Examples: Season tickets, country club membership                | st?                          |                              |                |
| ■ No   |                              |                              |                |
| ☐ Yes. Give specific information   |                              |                              |                |
| 54. Add the dollar value of all of your entries from Part 7. Write to  | that number here             |                              | \$0.00         |
| Part 8: List the Totals of Each Part of this Form  |                              |                              |                |
| 55. Part 1: Total real estate, line 2  |                              |                              | \$0.00         |
| 56. Part 2: Total vehicles, line 5   | \$5,000.00                   |                              |                |
| 57. Part 3: Total personal and household items, line 15  | \$4,750.00                   |                              |                |
| 58. Part 4: Total financial assets, line 36  | \$7,220.00                   |                              |                |
| 59. Part 5: Total business-related property, line 45   | \$0.00                       |                              |                |
| 60. Part 6: Total farm- and fishing-related property, line 52  | \$0.00                       |                              |                |
| 61. Part 7: Total other property not listed, line 54   | + \$0.00                     |                              |                |
| 62. <b>Total personal property.</b> Add lines 56 through 61  | \$16,970.00                  | Copy personal property total | \$16,970.00    |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62   |                              |                              | \$16,970.00    |

Official Form 106A/B Schedule A/B: Property page 5

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 15 of 62

| 1/1 | 7/20 | 5:34PM |  |
|-----|------|--------|--|

| Fil                      | I in this information to identify your case:   |   |                          |   |  |
|--------------------------|--|---|--------------------------|---|--|
| De                       | ebtor 1 Latoya R Washington  |   |                          |   |  |
| De                       | First Name N   | fiddle Name   | L                        | ast Name  |  |
|                          |  | fiddle Name   | L                        | ast Name  |  |
| Un                       | nited States Bankruptcy Court for the: WEST  | ERN DISTRICT OF VI  | IRGIN                    | NA .  |  |
| Ca                       | ase number   |   |                          |   |  |
| (if k                    | (nown)   |   |                          |   | ☐ Check if this is an amended filing   |
| $\bigcap$                | fficial Form 106C  |   |                          |   |  |
|                          | chedule C: The Proper  | ty You Cla  | im                       | as Exempt   | 4/19   |
| the<br>nee<br>cas<br>For | as complete and accurate as possible. If two m property you listed on <i>Schedule A/B: Property</i> eded, fill out and attach to this page as many core number (if known).  The each item of property you claim as exempt, ecific dollar amount as exempt. Alternatively | (Official Form 106A/B) pies of <i>Part 2: Addition</i> , you must specify the | as yo<br>nal Pa<br>e amo | our source, list the property that you<br>age as necessary. On the top of any<br>ount of the exemption you claim. | claim as exempt. If more space is additional pages, write your name and  One way of doing so is to state a |
| fun<br>exe               | <ul> <li>applicable statutory limit. Some exemption<br/>ds—may be unlimited in dollar amount. Hoven<br/>emption to a particular dollar amount and the<br/>he applicable statutory amount.</li> </ul>   | vever, if you claim an  | exen                     | nption of 100% of fair market valu  | e under a law that limits the  |
| Pa                       | rt 1: Identify the Property You Claim as E   | xempt   |                          |   |  |
| 1.                       | Which set of exemptions are you claiming   | ? Check one only, ever  | n if yo                  | our spouse is filing with you.  |  |
|                          | You are claiming state and federal nonban  | kruptcy exemptions. 1   | 11 U.S                   | S.C. § 522(b)(3)  |  |
|                          | ☐ You are claiming federal exemptions. 11 t  | J.S.C. § 522(b)(2)  |                          |   |  |
| 2.                       | For any property you list on Schedule A/B  | that you claim as exe   | empt,                    | fill in the information below.  |  |
|                          | Brief description of the property and line on  | Current value of the  | Am                       | ount of the exemption you claim   | Specific laws that allow exemption   |
|                          | Schedule A/B that lists this property  | portion you own  Copy the value from  Schedule A/B                            | Che                      | eck only one box for each exemption.  |  |
|                          | Location: 2208 N Berkshire Rd Apt A,<br>Charlottesville VA 22901   | \$3,500.00  |                          | \$3,500.00  | Va. Code Ann. § 34-26(4a)  |
|                          | Ordinary household goods sufficient to furnish 3-bedroom apartment for debtor and 2 dependents.  Line from Schedule A/B: 6.1   |   |                          | 100% of fair market value, up to any applicable statutory limit   |  |
|                          | Location: 2208 N Berkshire Rd Apt A,<br>Charlottesville VA 22901   | \$750.00  |                          | \$750.00  | Va. Code Ann. § 34-26(4a)  |
|                          | Laptop computer, 2 televisions, game console, 3 telephones Line from Schedule A/B: 7.1   |   |                          | 100% of fair market value, up to any applicable statutory limit   |  |
|                          | Location: 2208 N Berkshire Rd Apt A,<br>Charlottesville VA 22901   | \$500.00  |                          | \$500.00  | Va. Code Ann. § 34-26(4)   |
|                          | Seasonal clothing for debtor and 2 dependents Line from Schedule A/B: 11.1   |   |                          | 100% of fair market value, up to any applicable statutory limit   |  |
|                          | Checking: Bank of America  | \$0.00  |                          |   | Va. Code Ann. § 34-4   |
|                          | Line from Schedule A/B: 17.1   |   |                          | 100% of fair market value, up to any applicable statutory limit   |  |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main

Document Page 16 of 62

Latoya R Washington Debtor 1 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **VRS** Va. Code Ann. § 34-34 \$1,200.00 \$1,200.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Federal and Virginia state income Va. Code Ann. § 34-26(9) \$6,000.00 \$3,000.00 tax: Expected Fed and VA tax return due to additional child tax and 100% of fair market value, up to earned income tax credits. any applicable statutory limit Line from Schedule A/B: 28.1 Federal and Virginia state income Va. Code Ann. § 34-4 \$6,000.00 \$3,000.00 tax: Expected Fed and VA tax return due to additional child tax and 100% of fair market value, up to earned income tax credits. any applicable statutory limit Line from Schedule A/B: 28.1 (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

| 3. | Are you claiming a | homestead e | exemption of | more than | \$170,350? |
|----|--------------------|-------------|--------------|-----------|------------|
|----|--------------------|-------------|--------------|-----------|------------|

Yes 1/17/20 5:34PM

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 17 of 62

|   |  |  |  | 1/17/20 5:34PM           |
|---|--|--|--|--------------------------|
| Fill in this information to identify                          | your case:   |  |  |                          |
| Debtor 1 Latoya R Wa  | shington   |  |  |                          |
| First Name  | Middle Name Last Name  |  |  |                          |
| Debtor 2  | Middle News  |  |  |                          |
| (Spouse if, filing) First Name                                | Middle Name Last Name  |  |  |                          |
| United States Bankruptcy Court for t                          | he: WESTERN DISTRICT OF VIRGINIA   |  | -  |                          |
| Case number   |  |  |  |                          |
| (if known)  |  |  |  | if this is an            |
|   |  |  | amend  | ded filing               |
|   | rs Who Have Claims Secure  | <u> </u>   | <u> </u>                                     | 12/15                    |
| s needed, copy the Additional Page, fil<br>number (if known). | I it out, number the entries, and attach it to this form. C  | On the top of any additio                              | nal pages, write your na                     | me and case              |
| . Do any creditors have claims secure                         | d by your property?  |  |  |                          |
| $\square$ No. Check this box and subm                         | nit this form to the court with your other schedules. Y  | ou have nothing else                                   | to report on this form.                      |                          |
| Yes. Fill in all of the informati                             | on below.  |  |  |                          |
| Part 1: List All Secured Claims                               |  |  |  |                          |
| 2. List all secured claims. If a creditor h                   | as more than one secured claim, list the creditor separatel  | Column A   | Column B                                     | Column C                 |
| for each claim. If more than one creditor                     | has a particular claim, list the other creditors in Part 2. As betical order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Aaron's Inc   | Describe the property that secures the claim:  | \$1,500.00   | \$300.00                                     | \$1,200.00               |
| Creditor's Name   | Table and lamps  |  |  |                          |
| c/o Corporation Service                                       |  |  |  |                          |
| Company RA  | As of the date you file, the claim is: Check all that  |  |  |                          |
| Bank of America Center,<br>16th Floor                         | apply.   |  |  |                          |
| 1111 East Main Street,  | ☐ Contingent   |  |  |                          |
| 23219   |  |  |  |                          |
| Richmond, VA 23219  |  |  |  |                          |
| Number, Street, City, State & Zip Code                        | Unliquidated   |  |  |                          |
|   | ☐ Disputed   |  |  |                          |
| Who owes the debt? Check one.                                 | Nature of lien. Check all that apply.  |  |  |                          |
| ■ Debtor 1 only   | An agreement you made (such as mortgage or see   | ecured   |  |                          |
| Debtor 2 only   | car loan)  |  |  |                          |
| Debtor 1 and Debtor 2 only                                    | ☐ Statutory lien (such as tax lien, mechanic's lien)   |  |  |                          |
| lacksquare At least one of the debtors and another            |  |  |  |                          |
| ☐ Check if this claim relates to a community debt             | Other (including a right to offset)  |  |  |                          |
| Date debt was incurred 2019                                   | Last 4 digits of account number  |  |  |                          |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 18 of 62

1/17/20 5:34PM

| Debtor 1 Latoya R Washington   |  | Case number (if known)              |   |              |
|--|--|-------------------------------------|---|--------------|
| First Name Middle N  | lame Last Name   |                                     |   |              |
| 2.2 Bridgecrest  | Describe the property that secures the claim:  | \$18,838.00                         | \$5,000.00                                      | \$13,838.00  |
| Creditor's Name  | 2015 VW Passat 130000 miles<br>Location: 2208 N Berkshire Rd Apt<br>A, Charlottesville VA 22901  |                                     |   |              |
| PO Box 29018   | As of the date you file, the claim is: Check all the apply.  | at                                  |   |              |
| Phoenix, AZ 85038  | □ Contingent   |                                     |   |              |
| Number, Street, City, State & Zip Code   | ☐ Unliquidated   |                                     |   |              |
|  | ☐ Disputed   |                                     |   |              |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.  |                                     |   |              |
| ■ Debtor 1 only □ Debtor 2 only  | An agreement you made (such as mortgage of car loan)   | or secured                          |   |              |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's lie   | n)                                  |   |              |
| ☐ At least one of the debtors and another  | ☐ Judgment lien from a lawsuit   |                                     |   |              |
| ☐ Check if this claim relates to a community debt  | Other (including a right to offset)  |                                     |   |              |
| Opened 06/18 Last Active 11/11/19  | Last 4 digits of account number 03   | 01                                  |   |              |
| Add the dollar value of your entries in O If this is the last page of your form, add Write that number here:  Part 2: List Others to Be Notified for | , 5  | \$20,338.00<br>\$20,338.00          | 7   |              |
| Use this page only if you have others to be trying to collect from you for a debt you co   | be notified about your bankruptcy for a debt that<br>we to someone else, list the creditor in Part 1, at<br>t you listed in Part 1, list the additional creditors<br>nis page. | and then list the collection agency | here. Similarly, if your last persons to be not | ou have more |
| Drive Time Auto<br>9301 Midlothian Turnpike<br>Richmond, VA 23235  |  | st 4 digits of account number030    |   |              |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 19 of 62

|           |                      |                                |                     |  |                   |  |              | 1/17/20 5:34PM                  |
|-----------|----------------------|--------------------------------|---------------------|--|-------------------|--|--------------|---------------------------------|
| Fill in t | this inform          | ation to identify your o       | case:               |  |                   |  |              |                                 |
| Debtor    | 1                    | Latoya R Washing               | iton                |  |                   |  |              |                                 |
|           |                      | First Name                     | Middle Nar          | ne   | Last Name         |  |              |                                 |
| Debtor    | _                    | First Name                     | Middle Nor          | <b></b>  | Loot Nome         |  |              |                                 |
| (Spouse   | ii, iiirig)          | First Name                     | Middle Nar          | ne   | Last Name         |  |              |                                 |
| United    | States Ban           | kruptcy Court for the:         | WESTERN D           | ISTRICT OF VIR   | GINIA             |  |              |                                 |
| Case n    | umber                |                                |                     |  |                   |  |              |                                 |
| (if known | _                    |                                |                     |  |                   |  |              | Check if this is an             |
|           |                      |                                |                     |  |                   |  |              | amended filing                  |
| ∩ffici    | al Form              | 106E/F                         |                     |  |                   |  |              |                                 |
|           |                      | /F: Creditors W                | ho Have I           | Insecured  | Claims            |  |              | 12/15                           |
|           |                      |                                |                     |  |                   | Part 2 for creditors with NON  | PRIORITY (   | claims. List the other party to |
| any exec  | cutory contr         | acts or unexpired leases       | that could resul    | t in a claim. Also li  | st executory of   | contracts on Schedule A/B: F   | roperty (Of  | ficial Form 106A/B) and on      |
|           |                      |                                |                     |  |                   | any creditors with partially s<br>the Part you need, fill it out, I    |              |                                 |
| eft. Atta | ch the Cont          |                                |                     |  |                   | do not file that Part. On the to                                       |              |                                 |
| Part 1:   |                      | of Your PRIORITY Un            | secured Claim       | ne   |                   |  |              |                                 |
|           |                      | rs have priority unsecured     |                     |  |                   |  |              |                                 |
| _         | No. Go to Pa         |                                |                     | ,,   |                   |  |              |                                 |
|           | Yes.                 |                                |                     |  |                   |  |              |                                 |
|           | 165.                 |                                |                     |  |                   |  |              |                                 |
| Part 2:   | List All             | of Your NONPRIORIT             | Y Unsecured (       | Claims   |                   |  |              |                                 |
| 3. Do     | any credito          | rs have nonpriority unsec      | ured claims aga     | inst you?  |                   |  |              |                                 |
|           | No. You have         | e nothing to report in this pa | art. Submit this fo | orm to the court with  | your other sche   | edules.  |              |                                 |
|           | Yes.                 |                                |                     |  |                   |  |              |                                 |
|           |                      |                                |                     |  |                   |  |              |                                 |
|           |                      |                                |                     |  |                   | holds each claim. If a credite<br>type of claim it is. Do not list cla |              |                                 |
|           | n one credito        |                                |                     |  |                   | three nonpriority unsecured cl   |              |                                 |
| ı aı      |                      |                                |                     |  |                   |  |              | Total claim                     |
| 4.1       | <b>America</b>       | n National Univ                |                     | Last 4 digits of acco  | ount number       | 8338   |              | \$613.00                        |
| 7.1       |                      | Creditor's Name                |                     | Last 4 digits of acci  | ount number       | 0330   |              | φ013.00                         |
|           | 1813 E N             | lain St                        |                     |  |                   | Opened 01/18 Last /  | Active       |                                 |
|           |                      | /A 24153                       | '                   | When was the debt  | incurred?         | 12/30/19   |              |                                 |
|           | Number Str           | reet City State Zip Code       |                     | As of the date you f   | file, the claim i | is: Check all that apply   |              |                                 |
|           | Who incur            | red the debt? Check one.       |                     |  |                   |  |              |                                 |
|           | ■ Debtor             | 1 only                         |                     | ☐ Contingent   |                   |  |              |                                 |
|           | Debtor 2             | 2 only                         |                     | ☐ Unliquidated   |                   |  |              |                                 |
|           | ☐ Debtor             | 1 and Debtor 2 only            |                     | Disputed   |                   |  |              |                                 |
|           | ☐ At least           | one of the debtors and and     | other               | Γype of NONPRIOR<br>━  | ITY unsecured     | d claim:   |              |                                 |
|           |                      | if this claim is for a comm    | nunity              | Student loans  |                   |  |              |                                 |
|           | debt<br>Is the clain | n subject to offset?           |                     | Obligations arisin propertions arising the contractions of the con |                   | ration agreement or divorce th   | at you did n | ot                              |
|           | ■ No                 |                                | _                   |  |                   | g plans, and other similar debt  | s            |                                 |
|           | ☐ Yes                |                                |                     | Other. Specify   | •                 | 51, 23.6. S  | -            |                                 |
|           | <b>—</b> 165         |                                | !                   | –  | Educationa        |  |              |                                 |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Mair

Document Page 20 of 62 1/17/20 5:34PM Debtor 1 Latoya R Washington Case number (if known) 4.2 \$2,353.00 **Bullcity Financial Sol** Last 4 digits of account number 2064 Nonpriority Creditor's Name 1107 W Main St When was the debt incurred? **Opened 09/19** Durham, NC 27701 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts All amounts due creditor, including amounts reduced by judgment in Albemarle GDC to princial, attorney fees, costs and accruing interest in: GV14003117-00; GV14008387-00; ☐ Yes Other. Specify GV18003577-00 4.3 **Bullcity Financial Sol** Last 4 digits of account number 4503 \$897.00 Nonpriority Creditor's Name 1107 W Main St When was the debt incurred? **Opened 01/19** Durham, NC 27701 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

All amounts due creditor, including

GV14003117-00;GV14008387-00;

accruing interest in:

■ Other. Specify **GV18003577-00** 

amounts reduced by judgment in Albemarle GDC to princial, attorney fees, costs and

☐ Yes

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 21 of 62 1/17/20 5:34PM Debtor 1 Latoya R Washington Case number (if known) 4.4 \$443.00 **Bullcity Financial Sol** Last 4 digits of account number 4456 Nonpriority Creditor's Name 1107 W Main St When was the debt incurred? **Opened 02/18** Durham, NC 27701 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Uva Physicians Group:** All amounts due creditor under any Other. Specify account number. ☐ Yes 4.5 **Bullcity Financial Sol** Last 4 digits of account number 6364 \$270.00 Nonpriority Creditor's Name 1107 W Main St When was the debt incurred? **Opened 03/17** Durham, NC 27701 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Uva Physicians Group:** All amounts due creditor under any ☐ Yes Other. Specify account number. 4.6 **Bullcity Financial Sol** \$129.00 Last 4 digits of account number 9658 Nonpriority Creditor's Name 1107 W Main St When was the debt incurred? **Opened 12/17** Durham, NC 27701 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent

Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Uva Physicians Group:** All amounts due creditor under any ☐ Yes Other. Specify account number.

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11

Document Page 22 of 62 1/17/20 5:34PM Debtor 1 Latoya R Washington Case number (if known) 4.7 CenturyLink Communications, LLC Last 4 digits of account number \$252.83 Nonpriority Creditor's Name c/o CT CORPORATION SYSTEM. When was the debt incurred? 4701 COX ROAD, SUITE 285 Glen Allen, VA 23060 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes **Telcomm service** Other. Specify 4.8 Credit One Bank Na Last 4 digits of account number \$596.00 5398 Nonpriority Creditor's Name Opened 08/15 Last Active Po Box 98872 When was the debt incurred? 9/04/15 Las Vegas, NV 89193 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.9 **Crescent Bank And Trus** Last 4 digits of account number 0001 Unknown Nonpriority Creditor's Name Opened 03/17 Last Active Po Box 2460 When was the debt incurred? 8/06/18 Chesapeake, VA 23327 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

☐ Yes

debt

■ No

☐ Student loans

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11

Document Page 23 of 62 1/17/20 5:34PM Debtor 1 Latoya R Washington Case number (if known) 4.1 **Crescent Bank And Trus** 8617 \$12,991.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Po Box 2460 When was the debt incurred? 2017 Chesapeake, VA 23327 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Financial services: Repossesed auto ☐ Yes Other. Specify deficiency account 4.1 **Dept Of Ed/Navient** \$40,688.00 **Various** Last 4 digits of account number Nonpriority Creditor's Name Po Box 9635 When was the debt incurred? Wilkes Barre, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify **Educational** 4.1 **DIRECTV, LLC** \$600.00 Last 4 digits of account number Nonpriority Creditor's Name ATTEN: BANKRUPTCY NOTICE When was the debt incurred? PO Box 6550 Englewood, CO 80155-6550 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Telcomm service

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 24 of 62

1/17/20 5:34PM Debtor 1 Latoya R Washington Case number (if known) 4.1 **Enhanced Recovery Co L** 2839 \$0.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 06/19 Last Active Po Box 57547 When was the debt incurred? 11/22/19 Jacksonville, FL 32241 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Comcast Cable** ☐ Yes Other. Specify Communications 4.1 Geico General Insurance Co. \$400.00 Last 4 digits of account number Nonpriority Creditor's Name c/o Reg. Agt: Beth Roberts When was the debt incurred? 1345 PERIMETER PKWY Virginia Beach, VA 23454 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Financial services ☐ Yes 4.1 Lendmark Financial Ser 6500 \$8,396.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 04/15 Last Active 2118 Usher St. When was the debt incurred? 3/14/16 Covington, GA 30014 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Financial services: All debt owed to creditor including amounts reduced by judgment to pricipal, attorneys fees, costs and accruing interest in Albemarle GDC ☐ Yes Other. Specify **GV16002250-00**, **17003890-00** 

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 25 of 62

| Dobto | or 1 Latava D Washington  |  | Case number (if known)                        | 1/17/20 5:34PM |
|-------|---|--|---|----------------|
| Debic | Latoya R Washington   |  | Case number (ir known)                        |                |
| 4.1   | Lendmark Financial Ser  | Last 4 digits of account number                              | 9800  | \$0.00         |
|       | Nonpriority Creditor's Name   |  | On an ad 44/45 I and Anti-                    |                |
|       | 1862 Abbey Rd<br>Charlottesville, VA 22911                          | When was the debt incurred?                                  | Opened 11/15 Last Active 11/16/17             |                |
|       | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |                |
|       | Debtor 1 only   | ☐ Contingent   |   |                |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |   |                |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |                |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecure                                 | d claim:                                      |                |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans  |   |                |
|       | debt<br>Is the claim subject to offset?                             | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |                |
|       | No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |                |
|       | □Yes  | ■ Other. Specify Financial s                                 | ervices                                       |                |
| 4.1   | Lendmark Financial Ser  | Last 4 digits of account number                              | 4800  | \$0.00         |
| /     | Nonpriority Creditor's Name   |  |   | Ψ0.00          |
|       | 1862 Abbey Rd<br>Charlottesville, VA 22911                          | When was the debt incurred?                                  | Opened 09/14 Last Active 7/31/15              |                |
|       | Number Street City State Zip Code                                   | As of the date you file, the claim                           | is: Check all that apply                      |                |
|       | Who incurred the debt? Check one.                                   |  |   |                |
|       | Debtor 1 only   | ☐ Contingent   |   |                |
|       | Debtor 2 only   | ☐ Unliquidated   |   |                |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |                |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecure                                 | d claim:                                      |                |
|       | $\square$ Check if this claim is for a community debt               | ☐ Student loans ☐ Obligations arising out of a sepa          | aration agreement or divorce that you did not |                |
|       | Is the claim subject to offset?                                     | report as priority claims                                    | ,   |                |
|       | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |                |
|       | □Yes  | Other. Specify Financial s                                   | ervices                                       |                |
| 4.1   | Lendmark Financial Ser  | Last 4 digits of account number                              | 9502  | \$0.00         |
| 8     | Nonpriority Creditor's Name   |  |   | *              |
|       | 1862 Abbey Rd<br>Charlottesville, VA 22911                          | When was the debt incurred?                                  | Opened 5/20/14 Last Active 4/01/15            |                |
|       | Number Street City State Zip Code                                   | As of the date you file, the claim                           | is: Check all that apply                      |                |
|       | Who incurred the debt? Check one.                                   |  |   |                |
|       | ■ Debtor 1 only   | ☐ Contingent   |   |                |
|       | Debtor 2 only   | ☐ Unliquidated   |   |                |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |                |
|       | $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecure                                 | d claim:                                      |                |
|       | Check if this claim is for a community                              | Student loans  |   |                |
|       | debt Is the claim subject to offset?                                | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |                |
|       | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |                |
|       | ☐ Yes   | Other Specify Financial s                                    | ervices                                       |                |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 26 of 62

|          |  |  |   | 1/17/20 5:34PM |
|----------|--|--|---|----------------|
| Debto    | r 1 Latoya R Washington  |  | Case number (if known)  |                |
| 4.1<br>9 | Midland Funding LLC  | Last 4 digits of account number                            | 1251  | \$756.00       |
|          | Nonpriority Creditor's Name 320 East Big Beaver Troy, MI 48083                 | When was the debt incurred?                                | Opened 10/17  |                |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim                         | is: Check all that apply  |                |
|          | Debtor 1 only  | ☐ Contingent   |   |                |
|          | Debtor 2 only  | ☐ Unliquidated   |   |                |
|          | ☐ Debtor 1 and Debtor 2 only   | Disputed   |   |                |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                               | d claim:  |                |
|          | ☐ Check if this claim is for a community                                       | ☐ Student loans  |   |                |
|          | debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not   |                |
|          | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts  |                |
|          | ☐ Yes  | Company A<br>amounts d<br>reduced to<br>accruing ir        | ervices - Debt Buyer: Factoring<br>Account Synchrony Bank: All<br>ue creditor, including amounts<br>principal, costs, attorney fees,<br>tteest by judgment 12/11/18 in<br>ville GDC GV18004168-00 |                |
|          |  |  |   |                |
| 4.2<br>0 | Portfolio Recov Assoc  | Last 4 digits of account number                            | 1689  | \$459.00       |
|          | Nonpriority Creditor's Name<br>120 Corporate Blvd Ste 100<br>Norfolk, VA 23502 | When was the debt incurred?                                | Opened 02/19  |                |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim                         | is: Check all that apply  |                |
|          |  |  |   |                |
|          | Debtor 1 only  | Contingent   |   |                |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |                |
|          | Debtor 1 and Debtor 2 only   | Disputed   | d alaim.  |                |
|          | At least one of the debtors and another  | Type of NONPRIORITY unsecure  ☐ Student loans              | d Claim:  |                |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?  |  | aration agreement or divorce that you did not   |                |
|          | <u>-</u>   | Debts to pension or profit-sharing                         | a plane, and other similar debts  |                |
|          | ■ No   |  | ervices - Debt Buyer: Factoring   |                |
|          | Yes  |  | Account Capital One Bank Usa  |                |
| 4.2      | Progressive Insurance  | Last 4 digits of account number                            |   | \$354.96       |
|          | Nonpriority Creditor's Name  Dept 0586  Carol Stroom II 60122 0596             | When was the debt incurred?                                |   |                |
|          | Carol Stream, IL 60132-0586  Number Street City State Zip Code                 | As of the date you file, the claim                         | is: Check all that apply  |                |
|          | Who incurred the debt? Check one.  | •  | ,   |                |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |                |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |                |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                |
|          | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecure                               | d claim:  |                |
|          | ☐ Check if this claim is for a community                                       | Student loans  |   |                |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not   |                |
|          | No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts   |                |
|          | □ Yes  | ■ Other. Specify Financial s                               |   |                |
|          |  | - Other, Specify   |   |                |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 27 of 62

| Debto | r1 Latoya R Washington  |   | Case number (if known)                        | 1/17/20 5:34PM |
|-------|---|---|---|----------------|
| 4.2   | Progressive Leasing, LLC  | Last 4 digits of account number   |   | \$1,597.32     |
|       | Nonpriority Creditor's Name<br>256 West Data Dr<br>Draper, UT 84020 | When was the debt incurred?   |   |                |
|       | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                      |                |
|       | Debtor 1 only   | ☐ Contingent  |   |                |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |   |                |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecure  | d claim:                                      |                |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans   |   |                |
|       | debt<br>Is the claim subject to offset?                             | ☐ Obligations arising out of a separeport as priority claims                  | aration agreement or divorce that you did not |                |
|       | No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |                |
|       | Yes   | Other. Specify Financial s  | ervices                                       |                |
| 4.2   | Santander Consumer USA  Nonpriority Creditor's Name                 | Last 4 digits of account number   | 1000  | \$0.00         |
|       | Po Box 961211 Fort Worth, TX 76161                                  | When was the debt incurred?   | Opened 02/10 Last Active 6/02/11              |                |
|       | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                      |                |
|       | Debtor 1 only   | ☐ Contingent  |   |                |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |   |                |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured   | d claim:                                      |                |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans   |   |                |
|       | debt<br>Is the claim subject to offset?                             | ☐ Obligations arising out of a separeport as priority claims                  | aration agreement or divorce that you did not |                |
|       | No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |                |
|       | Yes   | Other. Specify Automobile   |   |                |
| 4.2   | Schewel Furn Nonpriority Creditor's Name                            | Last 4 digits of account number   | 0005  | \$0.00         |
|       | 2030 Seminole Trail Charlottesville, VA 22906                       | When was the debt incurred?   | Opened 9/01/14 Last Active 3/01/16            |                |
|       | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                      |                |
|       | ■ Debtor 1 only   | ☐ Contingent  |   |                |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |   |                |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecure  | d claim:                                      |                |
|       | ☐ Check if this claim is for a community debt                       | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | aration agreement or divorce that you did not |                |
|       | Is the claim subject to offset?                                     | report as priority claims   |   |                |
|       | No  | Debts to pension or profit-sharing  |   |                |
|       | Yes   | Other. Specify Installment  | Sales Contract                                |                |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 28 of 62

| Debto    | or 1 Latoya R Washington  |  | Case number (if known)                        | 1/17/20 5:34PM |
|----------|---|--|---|----------------|
| 4.2<br>5 | Schewel Furn  | Last 4 digits of account number                              | 0003  | \$0.00         |
|          | Nonpriority Creditor's Name  2030 Seminole Trail  | When was the debt incurred?                                  | Opened 3/04/14 Last Active 2/24/15            |                |
|          | Charlottesville, VA 22906   |  |   |                |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                             | As of the date you file, the claim                           | is: Check all that apply                      |                |
|          | Debtor 1 only   | ☐ Contingent   |   |                |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |   |                |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |                |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |                |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |                |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |                |
|          | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |                |
|          | Yes   | Other. Specify Installment                                   | Sales Contract                                |                |
| 4.2      | Schewel Furn  | Last 4 digits of account number                              | 0001  | \$0.00         |
|          | Nonpriority Creditor's Name  2030 Seminole Trail  | When was the debt incurred?                                  | Opened 12/28/12 Last Active 8/27/13           |                |
|          | Charlottesville, VA 22906  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |                |
|          | Debtor 1 only   | ☐ Contingent   |   |                |
|          | Debtor 2 only   | ☐ Unliquidated   |   |                |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |                |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |                |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |                |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |                |
|          | No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |                |
|          | ☐ Yes   | Other. Specify Installment                                   |   |                |
|          |   | · /  |   |                |
| 4.2<br>7 | State Auto Insurance Companies  Nonpriority Creditor's Name                                     | Last 4 digits of account number                              |   | \$300.00       |
|          | ATTEN: CONSUMER BANKRUPTCY NOTICE   | When was the debt incurred?                                  |   |                |
|          | 518 E. Broad Street<br>Columbus, OH 43215   |  |   |                |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                             | As of the date you file, the claim                           | is: Cneck all that apply                      |                |
|          | ■ Debtor 1 only   | ☐ Contingent   |   |                |
|          | Debtor 2 only   | ☐ Unliquidated   |   |                |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |                |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |                |
|          | ☐ Check if this claim is for a community  | Student loans  |   |                |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |                |
|          | No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |                |
|          |   |  | •   |                |
|          | ☐ Yes   | Other. Specify Financial s                                   | CI VICES                                      |                |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 29 of 62

| nen was the debt incurred?  of the date you file, the claim incurred?  of the date you file, the claim incurred?  Contingent Unliquidated Disputed The of NONPRIORITY unsecured incurred incurre | d claim: aration agreement or divo ag plans, and other simila count  | orce that you did not   | \$3   |
|--|--|---|---|
| of the date you file, the claim is  Contingent Unliquidated Disputed pe of NONPRIORITY unsecured Student loans Obligations arising out of a separate as priority claims Debts to pension or profit-sharin Other. Specify Charge Account  | 7/01/15 is: Check all that apply d claim: aration agreement or divo  | orce that you did not   |   |
| of the date you file, the claim is  Contingent Unliquidated Disputed pe of NONPRIORITY unsecured Student loans Obligations arising out of a separate as priority claims Debts to pension or profit-sharin Other. Specify Charge Account  | 7/01/15 is: Check all that apply d claim: aration agreement or divo  | orce that you did not   |   |
| Contingent Unliquidated Disputed pe of NONPRIORITY unsecured Student loans Obligations arising out of a separate as priority claims Debts to pension or profit-sharin Other. Specify Charge Account number   | d claim: aration agreement or divo ag plans, and other simila count  | •   |   |
| Unliquidated Disputed pe of NONPRIORITY unsecured Student loans Obligations arising out of a sepa ort as priority claims Debts to pension or profit-sharin Other. Specify Charge Acc   | aration agreement or divoug plans, and other simila  | •   |   |
| Disputed pe of NONPRIORITY unsecured Student loans Obligations arising out of a separate as priority claims Debts to pension or profit-sharin Other. Specify Charge Account 1  | aration agreement or divoug plans, and other simila  | •   |   |
| pe of NONPRIORITY unsecured Student loans Obligations arising out of a separate as priority claims Debts to pension or profit-sharin Other. Specify Charge Account 4 digits of account number  | aration agreement or divoug plans, and other simila  | •   |   |
| Student loans Obligations arising out of a separation of a sep | aration agreement or divoug plans, and other simila  | •   |   |
| Obligations arising out of a separate or tas priority claims  Debts to pension or profit-sharin  Other. Specify  Charge Account number   | ng plans, and other simila   | •   |   |
| Debts to pension or profit-sharin Other. Specify  Charge Account number  | ng plans, and other simila   | •   |   |
| Other. Specify Charge Account st 4 digits of account number  | 8322   | r debts   |   |
| st 4 digits of account number  | 8322   |   |   |
| Ü  |  |   |   |
| Ü  | 0  |   |   |
|  |  |   |   |
| ien was the dept incurred?   | 11/03/16   | ast Active  |   |
| of the date you file, the claim i  | is: Check all that apply   |   |   |
|  |  |   |   |
| Contingent   |  |   |   |
| Unliquidated   |  |   |   |
| Disputed   |  |   |   |
| pe of NONPRIORITY unsecured  | d claim:   |   |   |
| Student loans  |  |   |   |
| ort as priority claims   |  |   |   |
| Debts to pension or profit-sharin  | g plans, and other simila  | r debts   |   |
| Other. Specify Financial se  | ervices  |   |   |
| st 4 digits of account number  | 8220   |   |   |
|  |  |   |   |
| nen was the debt incurred?   | Opened 06/11 La<br>3/06/17   | ast Active  |   |
| of the date you file, the claim i  | is: Check all that apply   |   |   |
| Contingent   |  |   |   |
| Unliquidated   |  |   |   |
| Disputed   |  |   |   |
| •  | d claim:   |   |   |
| Student loans  |  |   |   |
|  | aration agreement or divo  | rce that you did not  |   |
| ort as priority claims   |  |   |   |
| , F  | Contingent Unliquidated Disputed Disput | contingent Unliquidated Disputed De of NONPRIORITY unsecured claims Debts to pension or profit-sharing plans, and other similar Other. Specify Financial services  At 4 digits of account number Den was the debt incurred?  Opened 06/11 L 3/06/17  Of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed | Contingent Unliquidated Disputed Disputed Disputed of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not ort as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Financial services  Depend 06/11 Last Active 3/06/17  Of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Disputed De of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not ort as priority claims Debts to pension or profit-sharing plans, and other similar debts |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 30 of 62

| r 1 Latoya R Washington  |   | Case number (if known)  | 1/17/20 5:3            |  |  |  |  |
|--|---|---|------------------------|--|--|--|--|
| IIVA Community Cradit Union  |   | 8221  | \$0.0                  |  |  |  |  |
| UVA Community Credit Union  Nonpriority Creditor's Name  | Last 4 digits of account number   | 0221  | <b>\$0.</b> (          |  |  |  |  |
| 3300 Berkmar Drive<br>Charlottesville, VA 22901  | When was the debt incurred?   | Opened 07/12 Last Active 4/07/14  |                        |  |  |  |  |
| Number Street City State Zip Code  | As of the date you file, the claim  | is: Check all that apply  |                        |  |  |  |  |
| Who incurred the debt? Check one.  |   |   |                        |  |  |  |  |
| Debtor 1 only  | ☐ Contingent  |   |                        |  |  |  |  |
| ☐ Debtor 2 only  | ☐ Unliquidated  |   |                        |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |                        |  |  |  |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | ed claim:   |                        |  |  |  |  |
| Check if this claim is for a community debt Is the claim subject to offset?  | ☐ Student loans ☐ Obligations arising out of a sepreport as priority claims   | aration agreement or divorce that you did not   |                        |  |  |  |  |
| No   | Debts to pension or profit-shari  | ng plane, and other similar debts   |                        |  |  |  |  |
| ■ No □ Yes   |   |   |                        |  |  |  |  |
| ☐ Yes  | Other. Specify Financial s  | bei vices   |                        |  |  |  |  |
| UVA Community Credit Union   | Last 4 digits of account number   | 4120  | \$0.                   |  |  |  |  |
| Nonpriority Creditor's Name  |   | One and OC/44 Least Astive  |                        |  |  |  |  |
| 3300 Berkmar Drive<br>Charlottesville, VA 22901  | When was the debt incurred?   | Opened 06/11 Last Active 6/22/11  |                        |  |  |  |  |
| Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim  | is: Check all that apply  |                        |  |  |  |  |
| ■ Debtor 1 only  | ☐ Contingent  |   |                        |  |  |  |  |
| ☐ Debtor 2 only  | ☐ Unliquidated  |   |                        |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |                        |  |  |  |  |
| $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | ed claim:   |                        |  |  |  |  |
| ☐ Check if this claim is for a community debt  |   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not     |                        |  |  |  |  |
| Is the claim subject to offset?  | Obligations arising out of a separeter of a sepa | aration agreement or divorce that you did not   |                        |  |  |  |  |
| ■ No   |   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                 |                        |  |  |  |  |
| Yes  | Other. Specify Financial s  |   |                        |  |  |  |  |
| List Others to Be Notified About a Dhis page only if you have others to be notified  | •   | you already listed in Parts 1 or 2. For examp   | e. if a collection age |  |  |  |  |
| ing to collect from you for a debt you owe to<br>more than one creditor for any of the debts tl<br>ed for any debts in Parts 1 or 2, do not fill out | someone else, list the original creditor in<br>hat you listed in Parts 1 or 2, list the add<br>t or submit this page.   | n Parts 1 or 2, then list the collection agency<br>litional creditors here. If you do not have add  | here. Similarly, if yo |  |  |  |  |
| and Address<br>al One Bank USA NA  | On which entry in Part 1 or Part 2 did you Line <b>4.20</b> of ( <i>Check one</i> ):  | u list the original creditor?  Part 1: Creditors with Priority Unsecured Clair                      | ne                     |  |  |  |  |
| : Bankruptcy<br>OX 30285   | _   | Part 2: Creditors with Nonpriority Unsecured (  |                        |  |  |  |  |
| ake City, UT 84130-0285  | Last 4 digits of account number   | 1689  |                        |  |  |  |  |
| and Address  | On which entry in Part 1 or Part 2 did you  | u list the original creditor?   |                        |  |  |  |  |
| cast Cable Communications  | Line <u>4.13</u> of ( <i>Check one</i> ):   | Part 1: Creditors with Priority Unsecured Clair   | ns                     |  |  |  |  |
| LLC<br>T Corporation System, Reg.  | •   | Part 2: Creditors with Nonpriority Unsecured (  | Claims                 |  |  |  |  |
| Cox Rd Ste 285   |   |   |                        |  |  |  |  |
| Allen, VA 23060  | Last 4 digits of account number   | 2839  |                        |  |  |  |  |
|  |   |   |                        |  |  |  |  |
| nd Address<br><b>Of Ed/Navient</b>   | On which entry in Part 1 or Part 2 did you Line <b>4.11</b> of ( <i>Check one</i> ):  | u list the original creditor?  Part 1: Creditors with Priority Unsecured Clair                      | ne                     |  |  |  |  |
| ustison St   |   | Part 1: Creditors with Priority Unsecured Clair  Part 2: Creditors with Nonpriority Unsecured Clair |                        |  |  |  |  |
| loor   | -   | - r art z. Greditors with Nonphonty Unsecured (   | viaiiiio               |  |  |  |  |

3rd Floor

Official Form 106 E/F

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 31 of 62

| Dahtan 4                           | <b></b>  |  | 0                 |  |                        | 1/17/20 5:34PM |
|------------------------------------|--|--|-------------------|--|------------------------|----------------|
| Deptor 1 La                        | toya R Washington                                |  | Case nu           | ımber (if known)                             |                        |                |
| Wilmington                         | , DE 19801                                       | Last 4 digits of account number  | Va                | arious                                       |                        |                |
| Name and Addr                      |  | On which entry in Part 1 or Part 2 d   |                   |  |                        |                |
|                                    | . Scaggs, Esq.                                   | Line <b>4.15</b> of ( <i>Check one</i> ):  |                   | Creditors with Priority U                    |                        |                |
| 2425 Boule <sup>,</sup><br>Suite 9 | vard   |  | Part 2: 0         | Creditors with Nonprior                      | ity Unsecured Claims   |                |
|                                    | eights, VA 23834                                 |  |                   |  |                        |                |
|                                    | <b>.</b>   | Last 4 digits of account number  | S                 | ee supra                                     |                        |                |
| Name and Addr                      | ress   | On which entry in Part 1 or Part 2 d   | id you list the o | riginal creditor?                            |                        |                |
|                                    | Visitors of UVA                                  | Line 4.2 of (Check one):   | ☐ Part 1: 0       | Creditors with Priority U                    | Insecured Claims       |                |
|                                    | G. Harris, Secretary to                          |  | Part 2: 0         | Creditors with Nonprior                      | ity Unsecured Claims   |                |
| Board<br>Board of Vi               | sitors Office                                    |  |                   |  |                        |                |
|                                    | la, PO Box 400222                                |  |                   |  |                        |                |
|                                    | ville, VA 22904-4222                             |  |                   |  |                        |                |
|                                    |  | Last 4 digits of account number  | 20                | 064  |                        |                |
| Name and Addr                      |  | On which entry in Part 1 or Part 2 di  |                   |  |                        |                |
|                                    | Visitors of UVA                                  | Line 4.3 of (Check one):   |                   | Creditors with Priority U                    |                        |                |
|                                    | alth System Authority<br>3. Harris, Secretary to |  | Part 2:           | Creditors with Nonprior                      | ity Unsecured Claims   |                |
|                                    | la, PO Box 400222                                |  |                   |  |                        |                |
| Charlottesv                        | rille, VA 22904-4222                             | Last 4 digits of account number  | 45                | 503  |                        |                |
| Name and Addr                      |  | On which entry in Port 4 or Port 2 d   |                   |  |                        |                |
| Synchrony                          |  | On which entry in Part 1 or Part 2 di<br>Line <b>4.19</b> of ( <i>Check one</i> ): |                   | ngman creditor?<br>Creditors with Priority U | Insecured Claims       |                |
|                                    | NSUMER BANKRUPTCY                                | and an one one.  |                   | Creditors with Nonprior                      |                        |                |
| Draper, UT                         | 84020  | Last 4 digits of account number  | la                | nd   |                        |                |
| Name and Addr                      | ress   | On which entry in Part 1 or Part 2 di  | id vou list the o | riginal creditor?                            |                        |                |
|                                    | cians Group                                      | Line <b>4.4</b> of ( <i>Check one</i> ):   | -                 | Creditors with Priority U                    | Insecured Claims       |                |
| P.O. Box 90                        |  | <del></del> ' ' ' '  |                   | Creditors with Nonprior                      |                        |                |
| Charlottesv                        | rille, VA 22906-9007                             | Last 4 digits of account number  |                   |  | ,                      |                |
|                                    |  | Last 4 digits of account number  | 44                | !56<br>                                      |                        |                |
| Name and Addr                      |  | On which entry in Part 1 or Part 2 d   |                   |  |                        |                |
|                                    | cians Group                                      | Line 4.5 of (Check one):   | ☐ Part 1: 0       | Creditors with Priority U                    | Insecured Claims       |                |
| P.O. Box 90<br>Charlottesy         | rille, VA 22906-9007                             |  | Part 2: 0         | Creditors with Nonprior                      | ity Unsecured Claims   |                |
| ona lottesv                        | me, VA 22300 3007                                | Last 4 digits of account number  | 63                | 864  |                        |                |
| Name and Addr                      | ress   | On which entry in Part 1 or Part 2 di  | id you list the o | riginal creditor?                            |                        |                |
| UVA Physic                         | cians Group                                      | Line <b>4.6</b> of (Check one):  | Part 1: 0         | Creditors with Priority U                    | Insecured Claims       |                |
| P.O. Box 90                        |  |  | Part 2: 0         | Creditors with Nonprior                      | ity Unsecured Claims   |                |
| Charlottesv                        | rille, VA 22906-9007                             | Last 4 digits of account number  | 04                | 558  |                        |                |
|                                    |  | Last 1 digite of decount fidings   |                   |  |                        |                |
| Part 4: Ad                         | d the Amounts for Each Type o                    | f Unsecured Claim  |                   |  |                        |                |
| . Total the amo                    |  | claims. This information is for statisf  | tical reporting   | purposes only. 28 U.                         | S.C. §159. Add the amo | ounts for each |
|                                    |  |  |                   | Total Cla                                    |                        |                |
| Total<br>claims                    | 6a. Domestic support obligation                  | tions  | 6a.               | \$   | 0.00                   |                |
| from Part 1                        | 6b. Taxes and certain other of                   | lebts you owe the government   | 6b.               | \$   | 0.00                   |                |
|                                    |  |  |                   |  |                        |                |

|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00 |
|--------------|-----|---|-----|------------|
| Total claims |     |   |     |            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government                    | 6b. | \$<br>0.00 |
|              | 6c. | Claims for death or personal injury while you were intoxicated          | 6c. | \$<br>0.00 |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$<br>0.00 |
|              |     |   |     |            |

1/17/20 5:34PM

| Debtor 1 La     | toya R | Washington  | Case number (if known) |    |             |  |
|-----------------|--------|---|------------------------|----|-------------|--|
|                 | 6e.    | Total Priority. Add lines 6a through 6d.  | 6e.                    | \$ | 0.00        |  |
|                 | ۰,     |   |                        |    | Total Claim |  |
| Total<br>claims | 6f.    | Student loans   | 6f.                    | \$ | 41,301.00   |  |
| from Part 2     | 6g.    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.                    | \$ | 0.00        |  |
|                 | 6h.    | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.                    | \$ | 0.00        |  |
|                 | 6i.    | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i.                    | \$ | 31,187.11   |  |
|                 | 6j.    | Total Nonpriority. Add lines 6f through 6i.   | 6j.                    | \$ | 72,488.11   |  |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 33 of 62

1/17/20 5:34PM

| Fill in this infor  |                          |                    |             |  |                       |
|---------------------|--------------------------|--------------------|-------------|--|-----------------------|
| Debtor 1            | Latoya R Washin          | gton               |             |  |                       |
|                     | First Name               | Middle Name        | Last Name   |  |                       |
| Debtor 2            |                          |                    |             |  |                       |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name   |  |                       |
| United States Ba    | ankruptcy Court for the: | WESTERN DISTRICT O | OF VIRGINIA |  |                       |
| Case number _       |                          |                    |             |  |                       |
| (if known)          |                          |                    |             |  | ☐ Check if this is ar |
|                     |                          |                    |             |  | amended filing        |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Buford Properties LLC
Charlottesville, VA 22901

State what the contract or lease is for
Expiring next 11/2020

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 34 of 62

|                           |  |                                |                           |   | 1/17/20 5:34PM  |
|---------------------------|--|--------------------------------|---------------------------|---|---|
| Fill in this              | information to identify you  | r case:                        |                           |   |   |
| Debtor 1                  | Latova R Washi   | ngton                          |                           |   |   |
| Debior                    | First Name   | Middle Name                    | Last Name                 | <del></del>   |   |
| Debtor 2                  |  |                                |                           |   |   |
| (Spouse if, filir         | ng) First Name   | Middle Name                    | Last Name                 |   |   |
| United Sta                | tes Bankruptcy Court for the:  | WESTERN DISTRICT (             | OF VIRGINIA               |   |   |
|                           |  |                                |                           |   |   |
| Case numb<br>(if known)   | per  |                                |                           |   | Check if this is an                                   |
| (ii kilowil)              |  |                                |                           | _   | amended filing  |
|                           |  |                                |                           |   | ag  |
| Official                  | I Form 106H  |                                |                           |   |   |
| Sched                     | ule H: Your Co   | debtors                        |                           |   | 12/15   |
| ocnea                     | ule II. Toul ool   | acotor 3                       |                           |   | 12/13   |
| our name                  | nd number the entries in th<br>and case number (if know<br>you have any codebtors? (I                            | n). Answer every question      |                           | to this page. On the top of any Ad  | ditional Pages, write                                 |
| 1. 00                     | you have any codebtors? (  | r you are filing a joint case, | do not list either spouse | e as a codebtor.  |   |
| ■ No                      |  |                                |                           |   |   |
| ☐ Yes                     | ;  |                                |                           |   |   |
| Arizon  No.               | hin the last 8 years, have yo<br>a, California, Idaho, Louisian<br>Go to line 3.<br>. Did your spouse, former sp | a, Nevada, New Mexico, Pu      | erto Rico, Texas, Wash    | ry? (Community property states and<br>ington, and Wisconsin.)   | <i>l territorie</i> s include                         |
| in line<br>Form<br>out Co | 2 again as a codebtor only<br>106D), Schedule E/F (Offici<br>blumn 2.  | if that person is a guaran     | tor or cosigner. Make     | r if your spouse is filing with you.<br>sure you have listed the creditor<br>06G). Use Schedule D, Schedule E | on Schedule D (Official<br>E/F, or Schedule G to fill |
|                           | Column 1: Your codebtor Name, Number, Street, City, State and  | ZIP Code                       |                           | Column 2: The creditor to who Check all schedules that apply  | •   |
|                           |  |                                |                           |   |   |
| 3.1                       | N  |                                |                           | Schedule D, line  |   |
|                           | Name   |                                |                           | ☐ Schedule E/F, line  |   |
|                           |  |                                |                           | ☐ Schedule G, line  |   |
|                           | Number Street  | _                              |                           | <u> </u>  |   |
| ,                         | City   | State                          | ZIP Code                  |   |   |
|                           |  |                                |                           |   |   |
| 3.2                       |  |                                |                           | ☐ Schedule D, line  |   |
|                           | Name   |                                |                           | ☐ Schedule E/F, line  |   |
|                           |  |                                |                           | ☐ Schedule G, line  |   |
|                           | Number Street  |                                |                           |   |   |
|                           | City   | State                          | ZIP Code                  |   |   |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 35 of 62

1/17/20 5:34PM

| <b>=:</b> ::: |   |  |                                    |             |        |  |                        |                      |         |
|---------------|---|--|------------------------------------|-------------|--------|--|------------------------|----------------------|---------|
|               | in this information to identify you   |  |                                    |             |        |  |                        |                      |         |
| Deb           | btor 1 Latoya R   | Washington   |                                    |             | _      |  |                        |                      |         |
|               | btor 2<br>buse, if filing)  |  |                                    |             | _      |  |                        |                      |         |
| Uni           | ited States Bankruptcy Court for  | the: WESTERN DISTRICT                                    | OF VIRGINIA                        |             |        |  |                        |                      |         |
|               | se number<br>   |  |                                    |             |        | Check if this is:  An amende  A supplement | d filing<br>ent showir |                      | chapter |
| $\bigcirc$    | fficial Form 106I   |  |                                    |             |        |  |                        | ollowing date:       |         |
|               |   | oom o  |                                    |             |        | MM / DD/ Y                                 | YYY                    |                      |         |
|               | chedule I: Your In  |  | nlo are filing togethe             | or (Dobt    | or 1 / | and Dobtor 2) ha                           | th are ear             | ually rosponsi       | 12/15   |
| spo           | plying correct information. If you use. If you are separated and you have separated sheet to this formation.  Describe Employme | our spouse is not filing win. On the top of any addition | ith you, do not includ             | de infori   | matic  | n about your spo                           | use. If m              | ore space is n       | eeded,  |
| 1.            | Fill in your employment information.  |  | Debtor 1                           |             |        | Debtor 2                                   | or non-f               | iling spouse         |         |
|               | If you have more than one job,  |  | ■ Employed                         |             |        | ☐ Emplo                                    | ☐ Employed             |                      |         |
|               | attach a separate page with information about additional  | Employment status  | ☐ Not employed                     |             |        | ☐ Not e                                    | ☐ Not employed         |                      |         |
|               | employers.  | Occupation   | Certified Nursin                   | g Assis     | stant  | <u> </u>                                   |                        |                      |         |
|               | Include part-time, seasonal, or self-employed work.   | Employer's name  | Region 10 Comr<br>Services         | munity      |        |  |                        |                      |         |
|               | Occupation may include studer or homemaker, if it applies.  | nt<br>Employer's address                                 | 502 Old Lynchb<br>Charlottesville, |             | 03     |  |                        |                      |         |
|               |   | How long employed the                                    | here? 3 years                      |             |        |  |                        |                      |         |
| Par           | rt 2: Give Details About N  | Nonthly Income   |                                    |             |        |  |                        |                      |         |
|               | mate monthly income as of the use unless you are separated.   | e date you file this form. If y                          | you have nothing to re             | eport for   | any li | ne, write \$0 in the                       | space. In              | clude your non       | -filing |
|               | ou or your non-filing spouse have<br>e space, attach a separate sheet   |  | ombine the information             | n for all e | emplo  | yers for that perso                        | n on the I             | ines below. If y     | ou need |
|               |   |  |                                    |             |        | For Debtor 1                               |                        | btor 2 or ing spouse |         |
| 2.            | List monthly gross wages, sa deductions). If not paid monthly   |  |                                    | 2.          | \$     | 3,041.00                                   | \$                     | N/A                  |         |
| 3.            | Estimate and list monthly ov  | ertime pay.  |                                    | 3.          | +\$    | 0.00                                       | +\$                    | N/A                  |         |
| 4.            | Calculate gross Income. Add   | d line 2 + line 3.                                       |                                    | 4.          | \$     | 3,041.00                                   | \$                     | N/A                  |         |
|               |   |  |                                    |             |        |  |                        |                      |         |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 36 of 62

1/17/20 5:34PM

| Debt | or 1          | Latoya R Washington   | _        | Case     | number (if known) |      |                           |  |
|------|---------------|---|----------|----------|-------------------|------|---------------------------|--|
|      |               |   |          |          |                   |      |                           |  |
|      |               |   |          | For      | Debtor 1          |      | Debtor 2 or filing spouse |  |
|      | Cop           | y line 4 here   | 4.       | \$       | 3,041.00          | \$   | N/A                       |  |
| 5.   | l ist         | all payroll deductions:   |          |          |                   |      |                           |  |
| ٥.   | 5a.           | Tax, Medicare, and Social Security deductions   | 5a.      | \$       | E22.00            | \$   | N/A                       |  |
|      | 5b.           | Mandatory contributions for retirement plans  | 5b.      | \$<br>\$ | 533.00<br>0.00    | \$   | N/A                       | _  |
|      | 5c.           | Voluntary contributions for retirement plans  | 5c.      | \$_      | 0.00              | \$   | N/A                       | _  |
|      | 5d.           | Required repayments of retirement fund loans  | 5d.      | \$_      | 0.00              | \$   | N/A                       | _  |
|      | 5e.           | Insurance   | 5e.      | \$       | 154.00            | \$   | N/A                       |  |
|      | 5f.           | Domestic support obligations  | 5f.      | \$       | 0.00              | \$   | N/A                       | _  |
|      | 5g.           | Union dues  | 5g.      | \$_      | 0.00              | \$   | N/A                       | _  |
|      | 5h.           | Other deductions. Specify:  | 5h.+     | \$_      | 0.00              | + \$ | N/A                       | _  |
| 6.   | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.       | \$_      | 687.00            | \$   | N/A                       | <u>-</u>                                     |
| 7.   | Cal           | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       | \$_      | 2,354.00          | \$   | N/A                       | <u>-</u>                                     |
| 8.   | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total             |          |          |                   |      |                           |  |
|      |               | monthly net income.   | 8a.      | \$_      | 0.00              | \$   | N/A                       | <u>.</u>                                     |
|      | 8b.           | Interest and dividends  | 8b.      | \$_      | 0.00              | \$   | N/A                       | <u>.                                    </u> |
|      | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.      | \$       | 0.00              | \$   | N/A                       |  |
|      | 8d.           | Unemployment compensation   | 8d.      | \$<br>_  | 0.00              | \$   | N/A                       |  |
|      | 8e.           | Social Security   | 8e.      | \$_      | 0.00              | \$   | N/A                       | _  |
|      | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | e<br>8f. | \$       | 0.00              | \$   | N/A                       | _  |
|      | 8g.           | Pension or retirement income  | 8g.      | \$       | 0.00              | \$   | N/A                       | _  |
|      | 8h.           | Other monthly income. Specify:  | 8h.+     | \$       | 0.00              | + \$ | N/A                       | <u> </u>                                     |
| 9.   | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | \$       | 0.00              | \$   | N/A                       | A  |
| 10.  | Calo          | culate monthly income. Add line 7 + line 9.   | 10. \$   |          | 2,354.00 + \$     |      | N/A = \$                  | 2,354.00                                     |
|      |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | Ľ        |          |                   |      |                           | _,001100                                     |
| 11.  | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | depen    |          | . •               |      | chedule J.<br>11. +\$     | 0.00   |
| 12.  |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines  |          |          |                   |      | 12. \$                    | 2,354.00                                     |
|      |               |   |          |          |                   |      | Combi                     |  |
| 13.  | Do            | you expect an increase or decrease within the year after you file this form   | ?        |          |                   |      | monthi                    | ly income                                    |
|      |               | No.   |          |          |                   |      |                           |  |
|      |               | Yes. Explain:   |          |          |                   |      |                           |  |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 37 of 62

|      | in this informa            | ition to identify yo   | our case:        |   |                   |                |                                       |      |                                      |   |      |  |
|------|----------------------------|--|------------------|---|-------------------|----------------|---------------------------------------|------|--------------------------------------|---|------|--|
|      | tor 1                      | Latoya R Wa  |                  | 1   |                   |                |                                       |      | if this is:                          |   |      |  |
| Deb  | tor 2                      |  |                  |   |                   |                |                                       |      | In amended filing  I supplement show | wing postpetition chapte                            | er   |  |
|      | ouse, if filing)           |  |                  |   |                   |                | 13 expenses as of the following date: |      |                                      |   |      |  |
| Unit | ed States Bankr            | ruptcy Court for the:  | WESTE            | ERN DISTRICT OF VIE                                   | RGINIA            |                |                                       | N    | MM / DD / YYYY                       |   |      |  |
|      | e numbe <b>r</b><br>nown)  |  |                  |   |                   |                |                                       |      |                                      |   |      |  |
| Of   | fficial Fo                 | rm 106J  |                  |   |                   |                |                                       |      |                                      |   |      |  |
| S    | chedule                    | J: Your I  | Exper            | ises  |                   |                |                                       |      |                                      | 1:  | 2/15 |  |
| info | ormation. If m             |  | eded, atta       | . If two married peopl<br>ch another sheet to t<br>n. |                   |                |                                       |      |                                      |   |      |  |
| Par  |                            | ribe Your House  | hold             |   |                   |                |                                       |      |                                      |   |      |  |
| 1.   | Is this a joir             | nt case?   |                  |   |                   |                |                                       |      |                                      |   |      |  |
|      | No. Go to                  |  |                  |   |                   |                |                                       |      |                                      |   |      |  |
|      |                            | es Debtor 2 live i   | n a separ        | ate household?  |                   |                |                                       |      |                                      |   |      |  |
|      | □ N<br>□ Y                 | -  | t file Offici    | al Form 106J-2, <i>Exper</i>                          | nses for Separa   | ate House      | <i>hold</i> of D                      | ebto | or 2.                                |   |      |  |
| 2.   | Do you have                | e dependents?  | □ No             |   |                   |                |                                       |      |                                      |   |      |  |
|      | Do not list D<br>Debtor 2. | •  | Yes.             | Fill out this information feach dependent             |                   | ent's relation |                                       |      | Dependent's age                      | Does dependent live with you?                       |      |  |
|      | Do not state               | the  |                  |   |                   |                |                                       |      |                                      | □ No  |      |  |
|      | dependents                 |  |                  |   | Daugh             | ter            |                                       |      | 12                                   | ■ Yes   |      |  |
|      |                            |  |                  |   | ·                 |                |                                       |      |                                      | □ No  |      |  |
|      |                            |  |                  |   | Son               |                |                                       |      | 15                                   | Yes   |      |  |
|      |                            |  |                  |   |                   |                |                                       |      |                                      | □ No  |      |  |
|      |                            |  |                  |   |                   |                |                                       |      |                                      | ☐ Yes   |      |  |
|      |                            |  |                  |   |                   |                |                                       |      |                                      | □ No  |      |  |
| 3.   | Do vour ext                | oenses include   | _                | N   |                   |                |                                       |      |                                      | ☐ Yes   |      |  |
| 0.   | expenses o                 | f people other the dynamics of | nan <sub>—</sub> | No<br>Yes   |                   |                |                                       |      |                                      |   |      |  |
| Par  |                            | ate Your Ongoin  |                  |   |                   |                |                                       |      |                                      |   |      |  |
| exp  |                            |  |                  |   |                   |                |                                       |      |                                      | apter 13 case to repor<br>If the form and fill in t |      |  |
|      |                            |  |                  | government assistan                                   |                   |                |                                       |      |                                      |   |      |  |
|      | ficial Form 10             |  | a nave m         | nuded it on oonedure                                  | ii rour moom      |                |                                       | _    | Your exp                             | enses   |      |  |
| 4.   |                            | or home ownershold any rent for the  |                  | ses for your residend<br>or lot.                      | ce. Include first | mortgage       | 4.                                    | \$   |                                      | 1,200.00  |      |  |
|      | If not includ              | led in line 4:   |                  |   |                   |                |                                       |      |                                      |   |      |  |
|      | 4a. Real e                 | estate taxes   |                  |   |                   |                | 4a.                                   | \$   |                                      | 0.00  |      |  |
|      |                            | rty, homeowner's   | s, or renter     | 's insurance  |                   |                | 4b.                                   |      |                                      | 0.00  |      |  |
|      |                            | •  | •                | ıpkeep expenses                                       |                   |                | 4c.                                   |      |                                      | 0.00  |      |  |
| _    |                            | owner's associat   |                  |   |                   |                |                                       | \$   |                                      | 0.00  |      |  |
| 5.   | Additional r               | mortgage payme   | ents for yo      | our residence, such a                                 | s nome equity l   | oans           | 5.                                    | \$   |                                      | 0.00  |      |  |

| Deb | tor 1  | Latoya R      | Washington                    |  | Case nur               | mber (if known) |                               |
|-----|--------|---------------|-------------------------------|--|------------------------|-----------------|-------------------------------|
| 6.  | Utilit | ies:          |                               |  |                        |                 |                               |
| -   | 6a.    |               | neat, natural gas             |  | 6a                     | . \$            | 208.00                        |
|     | 6b.    | •             | er, garbage collection        |  | 6b                     | . \$            | 57.00                         |
|     | 6c.    |               |                               | satellite, and cable services  | 6c                     | . \$            | 250.00                        |
|     | 6d.    | Other. Spec   | cify:                         | •  | 6d                     | . \$            | 0.00                          |
| 7.  | Food   |               | keeping supplies              |  | 7                      | . \$            | 600.00                        |
| 8.  |        |               | nildren's education c         | osts   | 8                      | . \$            | 0.00                          |
| 9.  | Cloth  | hing, laundr  | y, and dry cleaning           |  | 9                      | . \$            | 100.00                        |
| 10. |        |               | oducts and services           |  | 10                     | . \$            | 40.00                         |
|     |        |               | tal expenses                  |  | 11                     | . \$            | 50.00                         |
|     |        |               | nclude gas, maintena          | nce, bus or train fare.  |                        |                 |                               |
|     | Do no  | ot include ca | r payments.                   |  | 12                     | . \$            | 200.00                        |
| 13. | Ente   | rtainment, c  | lubs, recreation, nev         | spapers, magazines, and books  | <b>s</b> 13            | . \$            | 0.00                          |
| 14. | Char   | itable contri | butions and religiou          | s donations  | 14                     | . \$            | 0.00                          |
| 15. | Insur  | rance.        |                               |  |                        |                 |                               |
|     |        |               |                               | your pay or included in lines 4 or                                     |                        |                 |                               |
|     |        | Life insurar  |                               |  | 15a                    |                 | 0.00                          |
|     | 15b.   | Health insu   | rance                         |  | 15b                    | . \$            | 0.00                          |
|     | 15c.   | Vehicle ins   | urance                        |  | 15c                    | . \$            | 480.00                        |
|     | 15d.   | Other insur   | ance. Specify:                |  | 15d                    | . \$            | 0.00                          |
| 16. |        |               | lude taxes deducted f         | rom your pay or included in lines 4                                    |                        |                 |                               |
|     | Spec   | •             |                               |  | 16                     | . \$            | 0.00                          |
| 17. |        |               | ase payments:                 |  |                        | •               |                               |
|     |        |               | nts for Vehicle 1             |  | 17a                    | · -             | 492.00                        |
|     |        |               | nts for Vehicle 2             |  | 17b                    | · -             | 0.00                          |
|     |        | Other. Spec   | ·                             |  | 17c                    |                 | 0.00                          |
|     |        | Other. Spec   |                               |  | 17d                    | . \$            | 0.00                          |
| 18. |        |               |                               | nce, and support that you did no                                       |                        | . \$            | 0.00                          |
| 10  |        |               |                               | hedule I, Your Income (Official F<br>t others who do not live with you | 01111 1001).           | . \$<br>\$      |                               |
| 19. |        |               | you make to suppor            | tothers who do not live with you                                       |                        | · -             | 0.00                          |
| 20  | Spec   | ·             | rty expenses not inc          | luded in lines 4 or 5 of this form                                     | or on Schodulo I: V    |                 |                               |
| 20. |        |               | on other property             | luded in lines 4 of 5 of this form                                     | 20a                    |                 | 0.00                          |
|     |        | Real estate   |                               |  | 20b                    |                 | 0.00                          |
|     |        |               | omeowner's, or renter         | 'e ineurance   | 20c                    | · -             | 0.00                          |
|     |        |               | e, repair, and upkeep         |  | 20d                    | ·               | 0.00                          |
|     |        |               | r's association or cond       | ·  | 20a<br>20e             | · -             | 0.00                          |
| 24  |        |               | 1 5 855001811011 01 00110     | John Maria   |                        | •               |                               |
| ۷١. | Otne   | er: Specify:  |                               |  |                        | . +\$           | 0.00                          |
| 22. | Calc   | ulate your m  | onthly expenses               |  |                        |                 |                               |
|     | 22a.   | Add lines 4 t | hrough 21.                    |  |                        | \$              | 3,677.00                      |
|     | 22b.   | Copy line 22  | (monthly expenses fo          | r Debtor 2), if any, from Official Fo                                  | rm 106J-2              | \$              |                               |
|     |        |               |                               | s your monthly expenses.   |                        | \$              | 3,677.00                      |
|     |        |               |                               | , ,  |                        |                 | 3,077.00                      |
| 23. |        | -             | onthly net income.            |  |                        |                 |                               |
|     |        |               | 1.5                           | nthly income) from Schedule I.   | 23a                    | · -             | 2,354.00                      |
|     | 23b.   | Copy your i   | monthly expenses fror         | n line 22c above.  | 23b                    | \$              | 3,677.00                      |
|     |        |               |                               |  |                        |                 |                               |
|     | 23c.   |               |                               | from your monthly income.  | 23c                    | .   \$          | -1,323.00                     |
|     |        | rne result i  | s your <i>monthly net inc</i> | ome.   | 230.                   | · [ *           | .,                            |
| 24  | Do v   | ou expect a   | n increase or decrea          | se in your expenses within the y                                       | ear after you file thi | s form?         |                               |
|     |        |               |                               | or your car loan within the year or do yo                              |                        |                 | ease or decrease because of a |
|     |        |               | erms of your mortgage?        | ,,   |                        |                 |                               |
|     | ■ No   | 0.            |                               |  |                        |                 |                               |
|     | □ Ye   |               | Explain here:                 |  |                        |                 |                               |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 39 of 62

| Fill in this infor   | mation to identify your  | case:                    |                            |                  |       |
|--|--------------------------|--------------------------|----------------------------|------------------|-------|
| Debtor 1   |                          |                          |                            |                  |       |
|  | First Name               | Middle Name              | Last Name                  |                  |       |
| Debtor 2   |                          |                          |                            |                  |       |
| (Spouse if, filing)  | First Name               | Middle Name              | Last Name                  |                  |       |
| United States Ba   | ankruptcy Court for the: | WESTERN DISTRICT O       | F VIRGINIA                 |                  |       |
| Case number  |                          |                          |                            |                  |       |
| (if known)   |                          |                          |                            | _                |       |
|  |                          | an Individual            | Dobtor's So                | bodulos          |       |
| <u> Declara</u>  | Holl About 6             | iii iiiaiviaaai          | Deptor 3 de                | ilcadics         | 12/15 |
|  |                          | 515, and 5571.           |                            |                  |       |
| Did you pa   | ay or agree to pay some  | one who is NOT an attorr | ney to help you fill out b | ankruptcy forms? |       |
| ■ No   |                          |                          |                            |                  |       |
| ☐ Yes.   | Name of person           |                          |                            |                  |       |
| Pirst Name   Middle Name   Last Name   Middle Name |                          |                          |                            |                  |       |
| X /s/lat   | ova R Washington         |                          | X                          |                  |       |
|  |                          |                          |                            | Debtor 2         |       |
|  |                          |                          | - <b>3</b>                 |                  |       |
| Date   | January 17, 2020         |                          | Date                       |                  |       |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 40 of 62

| Fill in                  | this informa   | ntion to identify you  | r case:   |  |  |   |
|--------------------------|--|--|---|--|--|---|
|                          |  |  |   |  |  |   |
|                          | Debtor 1 Latoya R Washington First Name Middle Name Last Name Debtor 2 Grosse I, filing) First Name Middle Name Last Name Jinted States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA Case number A brown)  Difficial Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  as a complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case unaber (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  What is your current marital status?  Married Not married  Not married  During the last 3 years, have you lived anywhere other than where you live now.  Debtor 1 Prior Address:  Dates Debtor 1  Debtor 2 Prior Address:  Dates Debtor 1  Lived there  Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No  Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2  Explain the Sources of Your Income  Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income or the content of t |  |   |  |  |   |
|                          | Latoya R Washington First Name Middle Name Last Name    Check if this is an amended filling   Check if this is an am |  |   |  |  |   |
|                          |  | runtey Court for the   | WESTERN DISTRICT OF   | F VIRGINIA   |  |   |
| Office                   | Jailes Daile   | duptcy Court for the.  | WEGTERRY DIGITALOT OF   | VIICOINIA  |  |   |
|                          |  |  |   |  | -  |   |
|                          |  |  | Affairs for Individ   | duals Filing for B   | ankruntcy                                  | 4/1   |
| Be as<br>inform<br>numbe | complete an<br>ation. If mo<br>er (if known)   | d accurate as possi<br>re space is needed,<br>. Answer every que | ible. If two married people a<br>attach a separate sheet to<br>stion. | are filing together, both are<br>this form. On the top of an | equally responsible for sup                | oplying correct                                       |
|                          |  |  |   | I Lived Before   |  |   |
| I. W                     | hat is your o  | current marital statu  | is?   |  |  |   |
|                          | Married  |  |   |  |  |   |
|                          | Not marri  | ed   |   |  |  |   |
| 2. D                     | uring the las  | t 3 years, have you  | lived anywhere other than   | where you live now?  |  |   |
|                          | l No   |  |   |  |  |   |
|                          | Yes. List  | all of the places you l  | ived in the last 3 years. Do no                                       | ot include where you live now                                | I.   |   |
| [                        | Debtor 1 Prio  | r Address:   |   | Debtor 2 Prior Ad  | dress:                                     |   |
|                          |  |  |   |  |  |   |
|                          | No   |  |   |  |  |   |
|                          | Yes. Mak   | e sure you fill out <i>Scl</i>                                   | nedule H: Your Codebtors (O   | fficial Form 106H).  |  |   |
| Part 2                   | Explain  | the Sources of You   | r Income  |  |  |   |
| F                        | Il in the total  | amount of income yo  | u received from all jobs and  | all businesses, including part                               | time activities.                           | endar years?  |
|                          |  | n the details.   |   |  |  |   |
|                          |  |  | Debtor 1  |  | Debtor 2                                   |   |
|                          |  |  | Sources of income<br>Check all that apply.                            | Gross income<br>(before deductions and<br>exclusions)        | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
| From                     |  |  | ■ Wages, commissions,   | \$2,000.00   | ☐ Wages, commissions,                      |   |
|                          | mation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case ere (if known). Answer every question.    Give Details About Your Marital Status and Where You Lived Before  |  |   |  |  |   |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 41 of 62

1/17/20 5:34PM Debtor 1 Latoya R Washington Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$36,493.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2019) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$39,980.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 **Gross income** Sources of income Gross income from Sources of income Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

**Creditor's Name and Address** 

No.

☐ Yes

Go to line 7.

attorney for this bankruptcy case.

Dates of payment

Total amount paid

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Amount you still owe Was this payment for ...

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 42 of 62

1/17/20 5:34PM

| Del           | otor 1        | Latoya R Washington   |   | Cas                 | e number (if kno | wn)                           |   |  |  |  |
|---------------|---------------|---|---|---------------------|------------------|-------------------------------|---|--|--|--|
|               |               |   |   |                     |                  |                               |   |  |  |  |
| 7.            | Inside of whi | ers include your relatives; any general par<br>ch you are an officer, director, person in<br>iness you operate as a sole proprietor. 11               | ey, did you make a payment on a debt you owed anyone who was an insider? rtners; relatives of any general partners; partnerships of which you are a general partner; control, or owner of 20% or more of their voting securities; and any managing agent, includ 1 U.S.C. § 101. Include payments for domestic support obligations, such as child support a |                     |                  |                               |   |  |  |  |
|               |               | No<br>/es. List all payments to an insider.   |   |                     |                  |                               |   |  |  |  |
|               |               | ler's Name and Address  | Dates of payment  | Total amount paid   | Amount you       |                               | this payment  |  |  |  |
| 8.            | inside        | n 1 year before you filed for bankruptoer?<br>le payments on debts guaranteed or cosi   |   | ments or transfer a | ny property o    | n account of a d              | lebt that benefited an  |  |  |  |
|               |               | No<br>Yes. List all payments to an insider  |   |                     |                  |                               |   |  |  |  |
|               |               | ler's Name and Address  | Dates of payment  | Total amount paid   | Amount you       |                               | r this payment<br>ditor's name                                      |  |  |  |
| Par           | t 4:          | Identify Legal Actions, Repossession  | s, and Foreclosures   | •                   |                  |                               |   |  |  |  |
| 9.            | List al       | n 1 year before you filed for bankrupto<br>I such matters, including personal injury<br>ications, and contract disputes.                              |   |                     |                  |                               |   |  |  |  |
|               | _             | No<br>Yes. Fill in the details.   |   |                     |                  |                               |   |  |  |  |
|               | Case          | e title<br>e number   | Nature of the case  | Court or agency     |                  | Status of the                 | he case   |  |  |  |
| Ca<br>Mi<br>W | Midl<br>Was   | and Funding LLC v Latoya R<br>shington<br>8004168-01  | Garnishment   | Charlottesville     | GDC              | On app                        | <ul><li>□ Pending</li><li>□ On appeal</li><li>■ Concluded</li></ul> |  |  |  |
|               |               |   |   |                     |                  | Closed 9/                     | 6/2019  |  |  |  |
|               | Lato          | tor and Visitors of UVA v<br>oya R Washington<br>8003577-0102   | Successive<br>garnishments  | Albemarle GDC       | ;                | ☐ Pendinç ☐ On appr ☐ Conclud | eal   |  |  |  |
|               |               |   |   |                     |                  | -02 concl                     | uded 10/3/2019  |  |  |  |
| 10.           | Check         | n 1 year before you filed for bankrupto<br>call that apply and fill in the details below<br>No. Go to line 11.<br>Yes. Fill in the information below. |   | rty repossessed, f  | oreclosed, gai   | nished, attache               | d, seized, or levied?   |  |  |  |
|               |               | litor Name and Address  | Describe the Property   |                     | Da               | ite                           | Value of the  |  |  |  |
|               |               |   | Explain what happened   |                     |                  |                               | property  |  |  |  |
| 11.           | accou         | n 90 days before you filed for bankrup<br>unts or refuse to make a payment beca<br>No<br>Yes. Fill in the details.                                    |   | uding a bank or fir | nancial institut | ion, set off any              | amounts from your   |  |  |  |
|               | Cred          | itor Name and Address   | Describe the action the   | creditor took       |                  | ite action was                | Amount  |  |  |  |
|               |               |   |   |                     | -                |                               |   |  |  |  |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 43 of 62

|     |   | Duc            | Juliletik Paye 2  | 3 01 02                |                                      | 1/17/20 5:34PI           |
|-----|---|----------------|---|------------------------|--------------------------------------|--------------------------|
| Del | otor 1 Latoya R Washington  |                |   | Case number (          | if known)                            | 1/17/20 5.34Pl           |
| 12. | Within 1 year before you filed for bankru court-appointed receiver, a custodian, o  ■ No □ Yes  |                |   | possession of an a     | ssignee for the bene                 | ifit of creditors, a     |
| Pai | t 5: List Certain Gifts and Contribution  | าร             |   |                        |                                      |                          |
| 13. | Within 2 years before you filed for bankn  No  Yes. Fill in the details for each gift.  Gifts with a total value of more than \$60                                |                | ou give any gifts with a t  | otal value of more th  | an \$600 per person?  Dates you gave | ?<br>Value               |
|     | per person  Person to Whom You Gave the Gift and Address:   |                | ·   |                        | the gifts                            |                          |
| 14. | Within 2 years before you filed for banks  ■ No □ Yes. Fill in the details for each gift or or  |                | ou give any gifts or cont   | ributions with a total | value of more than                   | \$600 to any charity?    |
|     | Gifts or contributions to charities that is more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod                                       |                | scribe what you contrib   | ited                   | Dates you contributed                | Value                    |
| Pai | t 6: List Certain Losses  |                |   |                        |                                      |                          |
| 15. | Within 1 year before you filed for bankru or gambling?  ■ No □ Yes. Fill in the details.  | uptcy or sinc  | e you filed for bankrupto   | y, did you lose anytl  | ning because of thef                 | t, fire, other disaster  |
|     | Describe the property you lost and how the loss occurred  | Include the    | ny insurance coverage for a mount that insurance has laims on line 33 of Schedu | paid. List pending     | Date of your loss                    | Value of property<br>los |
| Pai | t 7: List Certain Payments or Transfer  | s              |   |                        |                                      |                          |
| 16. | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition process.  No Yes. Fill in the details. | preparing a    | bankruptcy petition?  |                        |                                      | rty to anyone you        |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Y   | tra            | scription and value of a<br>nsferred  | ny property            | Date payment or transfer was made    | Amount of payment        |
| 17. | Within 1 year before you filed for bankru<br>promised to help you deal with your cree<br>Do not include any payment or transfer that                              | ditors or to r | make payments to your o   |                        | r transfer any prope                 | rty to anyone who        |
|     | ■ No  Ves Fill in the details   |                |   |                        |                                      |                          |

Address

Person Who Was Paid

Description and value of any property

transferred

Amount of

payment

Date payment

made

or transfer was

1/17/20 5:34PM

Debtor 1 Latoya R Washington

Case number (if known)

|  | transfer<br>Include I | 2 years before you filed for bankrup<br>rred in the ordinary course of your l<br>both outright transfers and transfers m<br>gifts and transfers that you have alrea | busines<br>nade as | ss or financial affa<br>security (such as                                     | airs?<br>the granting of a |                       |   |   |  |  |  |
|--|-----------------------|---|--------------------|---|----------------------------|-----------------------|---|---|--|--|--|
|  | ☐ Yes                 | s. Fill in the details.   |                    |   |                            |                       |   |   |  |  |  |
|  | Person<br>Addres      | n Who Received Transfer<br>ss   |                    | Description and v<br>property transfer  |                            | pa                    | escribe any property or<br>yments received or debts<br>id in exchange | Date transfer was made                        |  |  |  |
|  | Person                | n's relationship to you   |                    |   |                            |                       | -   |   |  |  |  |
| 19.  |                       | 10 years before you filed for bankru iary? (These are often called asset-pa   |                    |   | y property to a            | a self-se             | ttled trust or similar device   | of which you are a                            |  |  |  |
|  | ■ No                  |   |                    |   |                            |                       |   |   |  |  |  |
|  |                       | s. Fill in the details.   |                    |   |                            |                       |   |   |  |  |  |
|  | Name o                | of trust  |                    | Description and v   | alue of the pro            | operty tr             | ansferred   | Date Transfer was made                        |  |  |  |
| Par  | t 8: Li               | ist of Certain Financial Accounts, Ir   | nstrume            | ents, Safe Deposi   | t Boxes, and S             | torage l              | Jnits   |   |  |  |  |
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your bene sold, moved, or transferred?<br>Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, |                       |   |                    |   |                            |                       |   |   |  |  |  |
|  |                       | , pension funds, cooperatives, asso   |                    |   |                            |                       |   | i amono, brokorago                            |  |  |  |
|  | ☐ Ye                  | s. Fill in the details.   |                    |   |                            |                       |   |   |  |  |  |
|  |                       |   |                    | Last 4 digits of Type of account account number instrument                    |                            |                       | Date account was closed, sold, moved, or transferred                  | Last balance<br>before closing or<br>transfer |  |  |  |
| 21.  |                       | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |                    |   |                            |                       |   |   |  |  |  |
|  | ■ No                  |   |                    |   |                            |                       |   |   |  |  |  |
|  |                       | s. Fill in the details.   |                    |   |                            |                       |   |   |  |  |  |
|  |                       | of Financial Institution<br>SS (Number, Street, City, State and ZIP Code)   |                    | Who else had access to it? Address (Number, Street, City, State and ZIP Code) |                            | Describe the contents |   | Do you still have it?                         |  |  |  |
| 22.  | Have yo               | ou stored property in a storage unit  |                    | ,   | home within                | 1 year be             | efore you filed for bankrupto   | cy?   |  |  |  |
|  | ■ No                  |   |                    |   |                            |                       |   |   |  |  |  |
|  | _                     | s. Fill in the details.   |                    |   |                            |                       |   |   |  |  |  |
|  |                       | of Storage Facility<br>SS (Number, Street, City, State and ZIP Code)  | 1                  | Who else has or loto it? Address (Number, Son State and ZIP Code)             |                            | Descri                | ibe the contents  | Do you still have it?                         |  |  |  |
|  |                       |   |                    | ŕ   |                            |                       |   |   |  |  |  |
| Par  | 19: Id                | lentify Property You Hold or Contro   | of for So          | meone Else  |                            |                       |   |   |  |  |  |
| 23.  | Do you<br>for som     | hold or control any property that so eone.  | omeone             | e else owns? Incl   | ude any prope              | rty you l             | oorrowed from, are storing f  | for, or hold in trust                         |  |  |  |
|  | ■ No                  | s. Fill in the details.   |                    |   |                            |                       |   |   |  |  |  |
|  | -                     | 's Name<br>SS (Number, Street, City, State and ZIP Code)  |                    | Where is the prop<br>(Number, Street, City, S<br>Code)                        |                            | Descri                | ibe the property  | Value   |  |  |  |
| Par  | t 10: G               | ive Details About Environmental In  |                    | •   |                            |                       |   |   |  |  |  |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

1/17/20 5:34PM

Debtor 1 Latoya R Washington Case number (if known)

|     | toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |  |   |           |   |                       |  |  |  |
|-----|--|--|--|---|-----------|---|-----------------------|--|--|--|
|     |  | e means any location, facility, or propertown, operate, or utilize it, including disp    | -  |   | aw        | , whether you now own, operate,                                 | or utilize it or used |  |  |  |
|     |  | <i>tardous material</i> means anything an env<br>ardous material, pollutant, contaminant |  |   | wa        | aste, hazardous substance, toxic s                              | substance,            |  |  |  |
| Rep | ort a  | all notices, releases, and proceedings th  | at yo  | u know about, regardless of when  | th        | ey occurred.  |                       |  |  |  |
| 24. | Has  | s any governmental unit notified you tha   | t you  | may be liable or potentially liable                                     | un        | der or in violation of an environme                             | ental law?            |  |  |  |
|     |  | No<br>Yes. Fill in the details.  |  |   |           |   |                       |  |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)                           |  | Governmental unit Address (Number, Street, City, State and ZIP Code)    | Ė         | Environmental law, if you know it                               | Date of notice        |  |  |  |
| 25. | Hav  | ve you notified any governmental unit of   | any  | release of hazardous material?  |           |   |                       |  |  |  |
|     |  | No<br>Yes. Fill in the details.  |  |   |           |   |                       |  |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)                           |  | Governmental unit Address (Number, Street, City, State and ZIP Code)    | d         | Environmental law, if you know it                               | Date of notice        |  |  |  |
| 26. | 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  |  |  |   |           |   |                       |  |  |  |
|     |  | No<br>Yes. Fill in the details.  |  |   |           |   |                       |  |  |  |
|     |  | se Title<br>se Number  |  | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na        | ature of the case   | Status of the case    |  |  |  |
| Par | t 11:  | Give Details About Your Business or  | Coni   | nections to Any Business  |           |   |                       |  |  |  |
| 27. | Wit  | hin 4 years before you filed for bankrup   | tcy, d   | lid you own a business or have an                                       | у о       | of the following connections to any                             | / business?           |  |  |  |
|     |  | ☐ A sole proprietor or self-employed   | in a tı  | rade, profession, or other activity,                                    | eitl      | her full-time or part-time                                      |                       |  |  |  |
|     |  | ☐ A member of a limited liability comp   | A member of a limited liability company (LLC) or limited liability partnership (LLP) |   |           |   |                       |  |  |  |
|     |  | ☐ A partner in a partnership   |  |   |           |   |                       |  |  |  |
|     |  | ☐ An officer, director, or managing ex   | ecuti  | ive of a corporation  |           |   |                       |  |  |  |
|     |  | ☐ An owner of at least 5% of the votin   | g or   | equity securities of a corporation                                      |           |   |                       |  |  |  |
|     |  | No. None of the above applies. Go to   | Part 1   | 12.   |           |   |                       |  |  |  |
|     |  | Yes. Check all that apply above and fil  | l in th  | ne details below for each business                                      | <b>S.</b> |   |                       |  |  |  |
|     |  | siness Name<br>dress   | Des  | scribe the nature of the business                                       |           | Employer Identification numbe<br>Do not include Social Security |                       |  |  |  |
|     |  | mber, Street, City, State and ZIP Code)  | Naı  | me of accountant or bookkeeper  |           | Dates business existed  | number of frin.       |  |  |  |
| 28. |  | hin 2 years before you filed for bankrup<br>titutions, creditors, or other parties.      | tcy, d   | lid you give a financial statement t                                    | o a       | nnyone about your business? Inclu                               | ude all financial     |  |  |  |
|     | ■ No   |  |  |   |           |   |                       |  |  |  |
|     |  | Yes. Fill in the details below.  |  |   |           |   |                       |  |  |  |
|     | Ad   | me<br> dress<br>mber, Street, City, State and ZIP Code)                                  | Dat  | te Issued   |           |   |                       |  |  |  |
| _   |  |  |  |   |           |   |                       |  |  |  |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 46 of 62

Debtor 1 Latoya R Washington Case number (if known)

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

//s/ Latoya R Washington

Latoya R Washington

Signature of Debtor 2

Signature of Debtor 1

Date January 17, 2020

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 47 of 62

1/17/20 5:34PM

| Fill in this inform  | -4: 4- : -1               |                            |   |  |
|----------------------|---------------------------|----------------------------|---|--|
|                      | ation to identify your o  |                            |   |  |
| Debtor 1             | Latoya R Washing          | <b>yton</b><br>Middle Name | Last Name   |  |
| Debtor 2             |                           |                            |   |  |
| (Spouse if, filing)  | First Name                | Middle Name                | Last Name   |  |
| United States Bank   | kruptcy Court for the:    | WESTERN DISTR              | RICT OF VIRGINIA  |  |
| Case number          |                           |                            |   |  |
| (if known)           |                           |                            |   | ☐ Check if this is an                                  |
|                      |                           |                            |   | amended filing   |
|                      |                           |                            |   |  |
| Official For         | m 108                     |                            |   |  |
| Statement            | t of Intention            | n for Indiv                | iduals Filing Under Chapt   | ter 7  |
|                      |                           |                            | <u> </u>  |  |
| If you are an indivi | idual filing under chap   | oter 7, you must fil       | I out this form if:   |  |
| creditors have       | claims secured by you     | ur property, or            |   |  |
|                      | d personal property a     |                            |   |  |
|                      |                           |                            | you file your bankruptcy petition or by the date<br>e time for cause. You must also send copies to t  |  |
| on the fo            | -                         |                            | ·   | •  |
| If two married peo   | ple are filing together   | in a joint case, bo        | th are equally responsible for supplying correct  | information. Both debtors must                         |
|                      | date the form.            |                            |   |  |
| Be as complete an    | nd accurate as possibl    | le. If more space is       | s needed, attach a separate sheet to this form. O   | n the top of any additional pages,                     |
| write you            | ur name and case num      | nber (if known).           |   |  |
| Part 1: List You     | ır Creditors Who Have     | Secured Claims             |   |  |
| 1 For any creditor   | s that you listed in Pa   | rt 1 of Schedule D         | : Creditors Who Have Claims Secured by Proper   | rty (Official Form 106D), fill in the                  |
| information belo     | ow.                       |                            |   |  |
| identity the cred    | litor and the property th | iat is collateral          | What do you intend to do with the property th secures a debt?   | at Did you claim the property as exempt on Schedule C? |
|                      |                           |                            |   |  |
| Creditor's Aa        | ron's Inc                 |                            | ■ Surrender the property.   | ■ No   |
| name:                |                           |                            | Retain the property and redeem it.  | <b>–</b> No  |
| <b>-</b>             |                           |                            | ☐ Retain the property and enter into a  | ☐ Yes  |
| property             | Table and lamps           |                            | Reaffirmation Agreement.  |  |
| securing debt:       |                           |                            | ☐ Retain the property and [explain]:  |  |
| J                    |                           |                            |   | <del></del>  |
| Croditorio B         | danaraat                  |                            |   |  |
|                      | dgecrest                  |                            | Surrender the property.   | ■ No   |
| name:                |                           |                            | <ul><li>☐ Retain the property and redeem it.</li><li>☐ Retain the property and enter into a</li></ul> | ☐ Yes  |
|                      | 2015 VW Passat 13         |                            | Reaffirmation Agreement.  |  |
| 1 -1 - 2             | Location: 2208 N B        |                            | ☐ Retain the property and [explain]:  |  |
| securing debt:       | Apt A, Charlottesvi       | IIIE VA 22901              |   |  |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 48 of 62

| Deb  | otor 1 <u>La</u>      | atoya R W               | ashington   |                                  | Case number (if known)                                |
|------|-----------------------|-------------------------|---|----------------------------------|---|
| Les  | sor's name            | e: <b>E</b>             | uford Properties LLC                                  |                                  | □ No  |
|      |                       |                         |   |                                  | ■ Yes   |
|      | cription of<br>perty: | f leased <b>E</b>       | xpiring next 11/2020                                  |                                  |   |
| Part | t 3: Sig              | n Below                 |   |                                  |   |
|      |                       |                         | I declare that I have indica<br>o an unexpired lease. | ted my intention about any prope | rty of my estate that secures a debt and any personal |
| Χ    | /s/ Lato              | ya R Was                | hington   | X                                |   |
|      | -                     | R Washin<br>e of Debtor | _   | Signature o                      | f Debtor 2  |
|      | Date                  | January                 | 17, 2020  | Date                             |   |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 49 of 62

| Fill i  | n this information to identify your case:  |                      |                     |           |                 | irected in this form and                           | in Form      |
|---------|--|----------------------|---------------------|-----------|-----------------|--|--------------|
| Deb     | tor 1 Latoya R Washington  |                      | 122                 | 2A-1Sup   | op:             |  |              |
| Deb     |  |                      |                     |           |                 |  |              |
|         | se, if filing)   |                      | '                   | ■ 1. Th   | ere is no pres  | umption of abuse                                   |              |
| Unit    | ed States Bankruptcy Court for the: Western District of  | Virginia             |                     |           |                 | o determine if a presur                            | •            |
| Coo     | a number   |                      |                     |           |                 | nade under <i>Chapter 7</i><br>icial Form 122A-2). | wearis rest  |
| (if kno | e number<br>wn)  |                      | —     ,             | ☐ 3. Th   | e Means Test    | does not apply now be                              | ecause of    |
|         |  |                      |                     |           |                 | service but it could ap                            |              |
|         |  |                      |                     | ☐ Che     | ck if this is a | n amended filing                                   |              |
| Off     | icial Form 122A - 1  |                      |                     |           |                 |  |              |
| Ch      | apter 7 Statement of Your Cur  | rent Moi             | nthly Inc           | ome       | •               |  | 12/19        |
|         | <u> </u>   |                      |                     |           |                 |  |              |
|         | complete and accurate as possible. If two married people an a separate sheet to this form. Include the line number to w                                      |                      |                     |           |                 |  |              |
|         | number (if known). If you believe that you are exempted fron<br>ying military service, complete and file <i>Statement of Exemp</i> :                         |                      |                     |           |                 |  |              |
| Part    |  |                      |                     | <b>3</b>  | ()(-) (         |  |              |
|         | •  | h.,                  |                     |           |                 |  |              |
| 1.      | What is your marital and filing status? Check one on   | y.                   |                     |           |                 |  |              |
|         | Not married. Fill out Column A, lines 2-11.  | thath Oaksasa        | A I D I'            | 0.44      |                 |  |              |
|         | ☐ Married and your spouse is filing with you. Fill ou  |                      | ·                   | 2-11.     |                 |  |              |
|         | ☐ Married and your spouse is NOT filing with you.  | •                    | •                   | l         | and D. Passa    |  |              |
|         | ☐ Living in the same household and are not legal   | •                    |                     |           | ,               |  |              |
|         | ☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading | gally separated      | d under nonban      | kruptcy   | law that applie | es or that you and your                            |              |
|         | Il in the average monthly income that you received from all s  |                      |                     |           |                 |  |              |
| th      | 01(10A). For example, if you are filing on September 15, the 6-moe 6 months, add the income for all 6 months and divide the total                            | by 6. Fill in the re | sult. Do not includ | de any in | come amount m   | ore than once. For examp                           | ole, if both |
| sp      | ouses own the same rental property, put the income from that pr  | operty in one col    | umn only. If you h  |           |                 |  | oace.        |
|         |  |                      |                     | Colum:    |                 | Column B  Debtor 2 or                              |              |
|         |  |                      |                     |           | •               | non-filing spouse                                  |              |
| 2.      | Your gross wages, salary, tips, bonuses, overtime, a   | and commission       | ons (before all     | \$        | 3,041.00        | \$   |              |
| 3.      | payroll deductions). <b>Alimony and maintenance payments.</b> Do not include   | payments from        | a spouse if         | Ψ         |                 | Ψ  |              |
|         | Column B is filled in.   | ,                    |                     | \$        | 0.00            | \$   |              |
| 4.      | All amounts from any source which are regularly pa<br>of you or your dependents, including child support.  |                      |                     |           |                 |  |              |
|         | from an unmarried partner, members of your household   |                      |                     |           |                 |  |              |
|         | and roommates. Include regular contributions from a spe<br>filled in. Do not include payments you listed on line 3.  | ouse only if Col     | umn B is not        | \$        | 0.00            | \$   |              |
| 5.      | Net income from operating a business, profession,  | or farm              |                     | <b>-</b>  |                 | <u> </u>   |              |
|         | ,  |                      | otor 1              |           |                 |  |              |
|         | Gross receipts (before all deductions)   | \$ 0.00              |                     |           |                 |  |              |
|         | Ordinary and necessary operating expenses  | -\$ 0.00             |                     |           |                 |  |              |
|         | Net monthly income from a business, profession, or farm  | n \$                 | Copy here ->        | \$        | 0.00            | \$   |              |
| 6.      | Net income from rental and other real property   | Dob                  | otor 1              |           |                 |  |              |
|         | Cross receipts (hefers all de ductions)  | \$ 0.00              |                     |           |                 |  |              |
|         | Gross receipts (before all deductions) Ordinary and necessary operating expenses   | -\$ 0.00             |                     |           |                 |  |              |
|         | Net monthly income from rental or other real property  | *                    | Copy here ->        | \$        | 0.00            | \$   |              |
| 7       | Interest, dividends, and royalties   | ¥                    | • •                 | \$        | 0.00            | \$   |              |
| 1.      |  |                      |                     | ·         |                 |  |              |

| Debtor | Latoya R Washington  |   |   | Case number       | (if known) |                                   |           |           |
|--------|--|---|---|-------------------|------------|-----------------------------------|-----------|-----------|
|        |  |   |   | Column A Debtor 1 |            | Column B Debtor 2 or non-filing s |           |           |
| 8.     | Jnemployment compensation  |   |   | \$                | 0.00       | \$                                |           |           |
|        | Do not enter the amount if you contend that the amour<br>he Social Security Act. Instead, list it here:  |   | efit under  |                   |            |                                   |           |           |
|        | For your spouse \$   | <u> </u>  | .00   |                   |            |                                   |           |           |
| <br>   | Pension or retirement income. Do not include any argument in the Social Security Act. Also, except as a potential under the Social Security Act. Also, except as a pot include any compensation, pension, pay, annuity, of Jnited States Government in connection with a disabilities disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that does not exceed the amount of retired pay to which your fretired under any provision of title 10 other than chapter 61. | mount received that wastated in the next senter allowance paid by thity, combat-related injuces. If you received an pay only to the extent u would otherwise be | ence, do<br>ne<br>ury or<br>ny retired<br>that it | \$                | 0.00       | \$                                |           |           |
|        | ncome from all other sources not listed above. Sp. Do not include any benefits received under the Social eceived as a victim of a war crime, a crime against hud domestic terrorism; or compensation, pension, pay, an United States Government in connection with a disabilities disability, or death of a member of the uniformed services on a separate page and put the total below.   | Security Act; payment<br>manity, or internationa<br>nuity, or allowance pa<br>ity, combat-related inju  | s<br>al or<br>id by the<br>ury or                 | \$                | 0.00       | \$                                |           |           |
|        | •  |   |   | \$                | 0.00       | \$                                |           |           |
|        | Total amounts from separate pages, if any.   |   |   | \$                | 0.00       | \$                                |           |           |
|        | Calculate your total current monthly income. Add li  |   | \$  | 3,041.00          | + \$       |                                   | = \$      | 3,041.00  |
|        | Calculate your current monthly income for the year 2a. Copy your total current monthly income from line  | •   |   | Conv              | line 11 k  | nere=>                            | \$        | 3,041.00  |
|        | Za. Copy your lotal ourient monthly moonie from mic  | **  |   | СОРУ              |            | 1010-2                            |           | 3,041.00  |
|        | Multiply by 12 (the number of months in a year)  |   |   |                   |            |                                   | x 1       | 2         |
|        | 2b. The result is your annual income for this part of the  | ne form   |   |                   |            | 12b                               | . \$3     | 66,492.00 |
| 13.    | Calculate the median family income that applies to   | you. Follow these ste   | ps:   |                   |            |                                   |           |           |
|        | fill in the state in which you live.   | VA  |   |                   |            |                                   |           |           |
|        | Fill in the number of people in your household.  | 3   |   |                   |            |                                   |           |           |
|        | Fill in the median family income for your state and size<br>To find a list of applicable median income amounts, go<br>or this form. This list may also be available at the bank  | online using the link   |   | in the separa     |            | 13.<br>tions                      | \$        | 00,358.00 |
| 14.    | low do the lines compare?  |   |   |                   |            |                                   |           |           |
|        | 4a. Line 12b is less than or equal to line 13. C<br>Go to Part 3. Do NOT fill out or file Official   |   | heck box  | 1, There is n     | o presum   | ption of abus                     | e.        |           |
|        | 4b.  Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A–2.  | of page 1, check box 2  | 2, The pre  | esumption of      | abuse is   | determined by                     | / Form 12 | 2A-2.     |
| Part : |  |   |   |                   |            |                                   |           |           |
|        | By signing here, I declare under penalty of perjury  | y that the information of   | on this sta                                       | atement and i     | n any atta | achments is tr                    | ue and co | orrect.   |
|        | X /s/ Latoya R Washington Latoya R Washington Signature of Debtor 1  |   |   |                   |            |                                   |           |           |
|        | Date January 17, 2020  |   |   |                   |            |                                   |           |           |
|        |  |   |   |                   |            |                                   |           |           |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 51 of 62

| 1/17/20 | 5:34PN |
|---------|--------|

| Debtor 1 | Latoya R Washington   | Case number (if known) |  |
|----------|---|------------------------|--|
|          | MM / DD / YYYY  |                        |  |
|          | If you checked line 14a, do NOT fill out or file Form 122A-2.             |                        |  |
|          | If you checked line 14b, fill out Form 122A-2 and file it with this form. |                        |  |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7 | <b>7</b> : | Liquidation        |  |
|-----------|------------|--------------------|--|
| \$2       | 245        | filing fee         |  |
| 9         | \$75       | administrative fee |  |
| + 9       | \$15       | trustee surcharge  |  |
| \$3       | 335        | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 56 of 62

B2030 (Form 2030) (12/15)

1/17/20 5:34PM

## **United States Bankruptcy Court**

|       | W   | estern District of Virgini  | a                               |                                    |  |  |
|-------|---|---|---------------------------------|------------------------------------|--|--|
| In re | Latoya R Washington   | Debtor(s)   | Case No.<br>Chapter             | 7                                  |  |  |
|       |   | Debioi(s)   | Chapter                         |                                    |  |  |
|       | DISCLOSURE OF COMP  | ENSATION OF ATTO  | RNEY FOR DE                     | EBTOR(S)                           |  |  |
|       | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fibe rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy  | , or agreed to be paid          | to me, for services rendered or to |  |  |
|       | For legal services, I have agreed to accept   |   |                                 | 750.00                             |  |  |
|       | Prior to the filing of this statement I have receive  |   |                                 | 0.00                               |  |  |
|       | Balance Due   |   |                                 | 750.00                             |  |  |
| 2.    | The source of the compensation paid to me was:  |   |                                 |                                    |  |  |
|       | ■ Debtor □ Other (specify):   |   |                                 |                                    |  |  |
| 3.    | The source of compensation to be paid to me is:   |   |                                 |                                    |  |  |
|       | ☐ Debtor ☐ Other (specify): <b>Cen</b>  | tral Virginia Legal Aid Socie   | ty, Inc.                        |                                    |  |  |
| 4.    | ■ I have not agreed to share the above-disclosed con  | mpensation with any other person  | unless they are mem             | bers and associates of my law firm |  |  |
|       | -   |   | •                               | •                                  |  |  |
|       | ☐ I have agreed to share the above-disclosed compe copy of the agreement, together with a list of the   |   |                                 |                                    |  |  |
| 5.    | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:                                   |   |                                 |                                    |  |  |
|       | . Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;                       |   |                                 |                                    |  |  |
|       |   | <ul> <li>Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> </ul> |                                 |                                    |  |  |
|       | d. [Other provisions as needed]   | _   |                                 | -                                  |  |  |
|       | Negotiations with secured creditors to<br>reaffirmation agreements and applica  | o reduce to market value; ex  | emption planning;               | preparation and filing of          |  |  |
|       | 522(f)(2)(A) for avoidance of liens on I  |   | rana ming or mon                | ons parsuant to 11 000             |  |  |
| 6.    | By agreement with the debtor(s), the above-disclosed  | fee does not include the followin   | g service:                      |                                    |  |  |
|       | Representation of the debtors in any  |   |                                 | es, relief from stay actions or    |  |  |
|       | any other adversary proceeding.   | CERTIFICATION   |                                 |                                    |  |  |
|       | I certify that the foregoing is a complete statement of   |   | or payment to me for re         | epresentation of the debtor(s) in  |  |  |
|       | bankruptcy proceeding.  | any agreement or arrangement re   | r payment to me for r           | opresentation of the decisi(s) in  |  |  |
| J     | January 17, 2020  | /s/ Richard C. De   |                                 |                                    |  |  |
| I     | Date  | Richard C. Devo   |                                 |                                    |  |  |
|       |   | Signature of Attorn Central Virginia  | <i>ey</i><br>Legal Aid Society, | Inc.                               |  |  |
|       |   |   | Street, Suite 101               |                                    |  |  |
|       |   | P.O. Box 12206  |                                 |                                    |  |  |
|       |   | Richmond, VA 2<br>8042006042 Fax  |                                 |                                    |  |  |
|       |   | richard@cvlas.o   |                                 |                                    |  |  |
|       |   | Name of law firm  | · <del>3</del>                  |                                    |  |  |

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 57 of 62

1/17/20 5:34PM

#### United States Bankruptcy Court Western District of Virginia

|         |                                  | western District of Virginia                      |                     |                       |  |
|---------|----------------------------------|---|---------------------|-----------------------|--|
| In re   | Latoya R Washington              |   | Case No.            |                       |  |
|         |                                  | Debtor(s)   | Chapter             | 7                     |  |
|         | VER)                             | IFICATION OF CREDITOR                             | MATRIX              |                       |  |
|         |                                  |   |                     |                       |  |
| The abo | ove-named Debtor hereby verifies | that the attached list of creditors is true and o | correct to the best | of his/her knowledge. |  |
| Date:   | January 17, 2020                 | /s/ Latoya R Washington                           |                     |                       |  |
| Date:   |                                  | Latoya R Washington                               |                     |                       |  |

### Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 58 of 62

Washington, Latoya - - Pg. 1 of 5

AARON'S INC C/O CORPORATION SERVICE COMPANY RA BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET, 23219 RICHMOND, VA 23219

AMERICAN NATIONAL UNIV 1813 E MAIN ST SALEM, VA 24153

BRIDGECREST PO BOX 29018 PHOENIX, AZ 85038

BULLCITY FINANCIAL SOL 1107 W MAIN ST DURHAM, NC 27701

BULLCITY FINANCIAL SOL 1107 W MAIN ST DURHAM, NC 27701

BULLCITY FINANCIAL SOL 1107 W MAIN ST DURHAM, NC 27701

BULLCITY FINANCIAL SOL 1107 W MAIN ST DURHAM, NC 27701

BULLCITY FINANCIAL SOL 1107 W MAIN ST DURHAM, NC 27701

CAPITAL ONE BANK USA NA ATTEN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY, UT 84130-0285

CENTURYLINK COMMUNICATIONS, LLC C/O CT CORPORATION SYSTEM. 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 23060

### Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 59 of 62

Washington, Latoya - - Pg. 2 of 5

COMCAST CABLE COMMUNICATIONS MGT, LLC C/O CT CORPORATION SYSTEM, REG. AGT. 4701 COX RD STE 285 GLEN ALLEN, VA 23060

CREDIT ONE BANK NA PO BOX 98872 LAS VEGAS, NV 89193

CRESCENT BANK AND TRUS PO BOX 2460 CHESAPEAKE, VA 23327

CRESCENT BANK AND TRUS PO BOX 2460 CHESAPEAKE, VA 23327

DEPT OF ED/NAVIENT PO BOX 9635 WILKES BARRE, PA 18773

DEPT OF ED/NAVIENT 123 JUSTISON ST 3RD FLOOR WILMINGTON, DE 19801

DIRECTV, LLC ATTEN: BANKRUPTCY NOTICE PO BOX 6550 ENGLEWOOD, CO 80155-6550

DRIVE TIME AUTO 9301 MIDLOTHIAN TURNPIKE RICHMOND, VA 23235

ENHANCED RECOVERY CO L PO BOX 57547 JACKSONVILLE, FL 32241

GEICO GENERAL INSURANCE CO. C/O REG. AGT: BETH ROBERTS 1345 PERIMETER PKWY VIRGINIA BEACH, VA 23454

### Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 60 of 62

Washington, Latoya - - Pg. 3 of 5

LENDMARK FINANCIAL SER 2118 USHER ST. COVINGTON, GA 30014

LENDMARK FINANCIAL SER 1862 ABBEY RD CHARLOTTESVILLE, VA 22911

LENDMARK FINANCIAL SER 1862 ABBEY RD CHARLOTTESVILLE, VA 22911

LENDMARK FINANCIAL SER 1862 ABBEY RD CHARLOTTESVILLE, VA 22911

MIDLAND FUNDING LLC 320 EAST BIG BEAVER TROY, MI 48083

NATHANIEL A. SCAGGS, ESQ. 2425 BOULEVARD SUITE 9 COLONIAL HEIGHTS, VA 23834

PORTFOLIO RECOV ASSOC 120 CORPORATE BLVD STE 100 NORFOLK, VA 23502

PROGRESSIVE INSURANCE DEPT 0586 CAROL STREAM, IL 60132-0586

PROGRESSIVE LEASING, LLC 256 WEST DATA DR DRAPER, UT 84020

RECTOR AND VISITORS OF UVA C/O SUSAN G. HARRIS, SECRETARY TO BOARD BOARD OF VISITORS OFFICE THE ROTUNDA, PO BOX 400222 CHARLOTTESVILLE, VA 22904-4222

### Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 61 of 62

Washington, Latoya - - Pg. 4 of 5

RECTOR AND VISITORS OF UVA T/A UVA HEALTH SYSTEM AUTHORITY C/O SUSAN G. HARRIS, SECRETARY TO BOARD THE ROTUNDA, PO BOX 400222 CHARLOTTESVILLE, VA 22904-4222

SANTANDER CONSUMER USA PO BOX 961211 FORT WORTH, TX 76161

SCHEWEL FURN 2030 SEMINOLE TRAIL CHARLOTTESVILLE, VA 22906

SCHEWEL FURN 2030 SEMINOLE TRAIL CHARLOTTESVILLE, VA 22906

SCHEWEL FURN 2030 SEMINOLE TRAIL CHARLOTTESVILLE, VA 22906

STATE AUTO INSURANCE COMPANIES ATTEN: CONSUMER BANKRUPTCY NOTICE 518 E. BROAD STREET COLUMBUS, OH 43215

SYNCB/BELK PO BOX 965028 ORLANDO, FL 32896

SYNCHRONY BANK
ATTEN: CONSUMER BANKRUPTCY
170 ELECTION ROAD
SUITE 125
DRAPER, UT 84020

UVA COMMUNITY CREDIT UNION 3300 BERKMAR DRIVE CHARLOTTESVILLE, VA 22901

UVA COMMUNITY CREDIT UNION 3300 BERKMAR DRIVE CHARLOTTESVILLE, VA 22901

Case 20-60093 Doc 1 Filed 01/17/20 Entered 01/17/20 17:35:11 Desc Main Document Page 62 of 62

Washington, Latoya - - Pg. 5 of 5

UVA COMMUNITY CREDIT UNION 3300 BERKMAR DRIVE CHARLOTTESVILLE, VA 22901

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UVA PHYSICIANS GROUP
P.O. BOX 9007
CHARLOTTESVILLE, VA 22906-9007

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